

National Governors'
Association

Center for Best Practices

Employment and
Social Services
Policy Studies Division

U.S. Department of
Health and Human
Services

Administration for
Children and Families

Improving Services for Children in Working Families

by Helene Stebbins

Since their initial meeting in 1908 to discuss interstate water problems, the Governors have worked through the National Governors' Association to deal collectively with issues of public policy and governance. The association's ongoing mission is to support the work of the Governors by providing a bipartisan forum to help shape and implement national policy and to solve state problems.

The members of the National Governors' Association (NGA) are the Governors of the fifty states, the territories of American Samoa, Guam, and the Virgin Islands, and the commonwealths of the Northern Mariana Islands and Puerto Rico. The association has a nine-member Executive Committee and three standing committees—on Economic Development and Commerce, Human Resources, and Natural Resources. Through NGA's committees, the Governors examine and develop policy and address key state and national issues. Special task forces often are created to focus gubernatorial attention on federal legislation or on state-level issues.

The association works closely with the administration and Congress on state-federal policy issues through its offices in the Hall of the States in Washington, D.C. The association serves as a vehicle for sharing knowledge of innovative programs among the states and provides technical assistance and consultant services to Governors on a wide range of management and policy issues.

The Center for Best Practices is a vehicle for sharing knowledge about innovative state activities, exploring the impact of federal initiatives on state government, and providing technical assistance to states. The center works in a number of policy fields, including agriculture and rural development, economic development, education, energy and environment, health, social services, technology, trade, transportation, and workforce development.

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IMPROVING SERVICES FOR CHILDREN IN WORKING FAMILIES

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EXECUTIVE SUMMARY

Governors are using new tools and opportunities to improve outcomes for children. Compelling research on infant brain development and the cost-effectiveness of early intervention has generated new policies and programs to promote the healthy development of young children. At the same time, major reforms in the welfare system have given Governors greater discretion in configuring services and spending funds in ways that reflect the needs and priorities of their state. These reforms are redefining the social safety net to provide the supports parents need to be nurturing caregivers and economically self-sufficient providers for their children.

This report profiles nearly sixty state initiatives to improve services for children in working families. Governors are dramatically increasing state expenditures. Moreover, new flexibility in major federal funding sources, such as the Temporary Assistance for Needy Families (TANF) block grant and the Child Care and Development Fund (CCDF), is helping leverage additional funds from the private sector. Many of the state initiatives focus on improving access to high-quality child care. Strategies include providing financial incentives to reward high-quality care, raising state standards, and expanding prekindergarten programs. The profiles also suggest a trend toward coordinating services across agencies to provide comprehensive supports for parents. Some states are designing programs that require collaboration among multiple agencies in service delivery, funding, and reporting. Other states are devolving programmatic and financial responsibilities to the local level. New flexibility to design programs that respond to local needs is mobilizing communities to coordinate their social services and resources.

A summary matrix identifies key features of the state programs profiled in this report: child care quality improvement, child care access, devolution and community mobilization, cross-system coordination, private-sector support, and TANF- and CCDF-funded programs. The state program profiles follow the matrix and include detailed information on each program's goals, target population, funding sources, and services. A contact for more information also is listed in each profile.

INTRODUCTION

At the 1998 Winter Meeting of the National Governors' Association, Governors adopted a policy that called for a coordinated effort to support parents in their roles as caregivers and providers.

Parents have the primary responsibility for making sure that their children have the best care possible, with federal and state governments, as well as communities and employers, supporting their efforts. The Governors believe it is important for all involved parties to promote the coordination of programs serving children through links at all levels of the child care, health care, and education systems.

Compelling research, greater discretion for states, and a redefined safety net are heightening Governors' determination to create a better start for children.

Compelling Research

Recent research on children's early brain development confirms that the early childhood years are critical. Proper stimulation and nutrition in the earliest months and years of life has a decisive, long-lasting impact on educational, social, and emotional development. Conversely, the absence of proper stimulation or negative experiences can have sustained detrimental effects. Cost-benefit analyses of early childhood intervention programs also show the fiscal value of investing in young children. A recent meta-analysis by the RAND Corporation indicates that high-quality, targeted interventions, such as preschool and home visiting programs, save money by preventing future expenses for remedial education, incarceration, and cash assistance.¹

The Fiscal Survey of States published by the National Governors' Association and the National Association of State Budget Officers in fall 1997. "Traditionally, state expenditures for children have been almost entirely targeted to elementary and secondary education. This is changing as states are increasingly targeting funding to meet the various needs of younger children." ² For example, Nebraska increased state spending on early intervention services coordination by 39 percent in fiscal 1997, and Utah increased state funding for its early intervention program for infants and toddlers by 24 percent.³

Greater Discretion for States

The overhaul of the nation's welfare system is shifting responsibility from the federal government to the states. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) consolidated numerous public welfare programs, providing aid to states in flexible block grants for cash assistance and child care. This flexibility, coupled with that provided under the State Children's Health Insurance Program (SCHIP), gives states greater discretion to decide how to configure services and spend funds. States now have unprecedented opportunities to design programs that promote job preparation, work, and stable and healthy families.

- PRWORA created Temporary Assistance for Needy Families (TANF) by consolidating the Aid to Families with Dependent Children (AFDC) and emergency assistance funding streams into a block grant to states. The legislation also replaced the Title IV-A child care funding streams with two new funding streams, administered in a unified manner under the Child Care and Development Block Grant. To reflect the unification, the U.S. Department of Health and Human Services adopted the Child Care and Development Fund (CCDF) as the program name. The 1996 law increased federal funding for child care by \$600 million in fiscal 1997, adding an additional \$100 million for each fiscal year through 2002.

- The Balanced Budget Act of 1997 created SCHIP and allocated \$24 billion over five years to provide health insurance to uninsured, low-income children. States will match these funds and extend eligibility to children in families with incomes below 200 percent of the federal poverty level not covered by Medicaid or other health insurance.

A Redefined Safety Net

The reform of the welfare system in 1996 gave states the ability to redefine the safety net from one providing primarily cash assistance to one providing a variety of supports to help recipients find and maintain employment. The new safety net uses employment and other strategies to help parents obtain jobs and learn to balance work and family. It also subsidizes supports, such as child care and health insurance, to make work pay. Access to affordable child care and health insurance is essential for parents as they work their way out of poverty and to prevent low-income working parents from entering the state's welfare system.

States are redesigning their social welfare systems to coordinate services to support parents as caregivers and breadwinners. Reliable, affordable child care is necessary for parents to find and maintain employment, and quality child care is necessary for children's healthy development. Recognizing its importance, states increased state expenditures for child care by 55 percent between 1996 and 1998.⁴ States also are streamlining eligibility for child care support to help families as they make the transition from welfare to work. They are taking advantage of the new flexibility in federal child care funds and using family income to determine eligibility for child care subsidies. Prior to PRWORA, eligible families had to be on welfare, be transitioning off of welfare, or be at risk of going on welfare to qualify for these subsidies.

TRENDS IN IMPROVING SERVICES TO CHILDREN

In spring 1998, the National Governors' Association Center for Best Practices asked states to share information on their efforts to improve services for children in working families. Thirty-two states responded, and fifty-nine state programs are profiled in this report. Their efforts target families receiving TANF, families moving from welfare to work, and working families that still benefit from government programs. Although the majority of programs focus on improving the quality and supply of child care, other efforts point to trends to coordinate services across systems and devolve programmatic and financial responsibilities to the local level.

Enhancing the Quality of Early Care and Education

A 1997 study by the National Institute of Child Health and Human Development showed that higher quality child care for very young children was consistently related to high levels of cognitive and language development.⁵ Recognizing that quality child care is more expensive, sixteen states pay higher reimbursement rates to child care providers who meet higher quality standards.⁶ States also are funding programs to improve the quality of care that children receive when they are not with their parents. These programs enhance the physical surroundings of child care settings and support child care professionals in their efforts to provide stimulating, nurturing, and safe environments for children. Although many of these programs leverage state and private funds, most use discretionary CCDF funds.

Certification of Quality

States are supporting high-quality child care by encouraging providers to seek accreditation from national accrediting organizations or by establishing state standards for quality child care. In **Connecticut** the Accreditation Facilitation Project provides technical assistance to child care providers seeking accreditation from the National Association for the Education of Young Children. This statewide effort includes individualized technical assistance, grants to improve facilities so they meet accreditation standards, and funding for substitute caregivers while staff work on accreditation.

Several states have established quality care standards. In **Georgia** the Standards of Care Initiative awards a Center of Distinction certificate to each child care center adopting the voluntary standards of care defined by the Georgia Office of School Readiness. An estimated \$2.6 million will be raised from private sources for facilities that require equipment to meet minimum quality requirements. The **Kansas** Standards for Early Childhood Education provide a consistent measurement tool to evaluate all early childhood programs. Three state departments have adopted the quality standards for their work related to young children.

Licensing and Oversight

States are streamlining their licensing operations and improving their oversight of state licensing requirements. **Delaware** is coordinating the multiple agencies that oversee child care facilities to stagger visits and improve compliance. In **Kentucky** nine different child care programs with more than ninety eligibility categories were combined into a single system. **Nebraska** has implemented statutory requirements to improve licensing standards.

Professional Development

States are improving the quality of training for child care providers by increasing access to training opportunities and creating professional development systems that build a coordinated career ladder for early childhood professionals. The **Mississippi** Office of Children and Youth uses a mobile unit to bring training to child care centers. In **New York**, live video conferences feature state and national experts, and co-trainers at each site assist participants.

Eight states are now implementing **North Carolina's** Teacher Education And Compensation Helps (T.E.A.C.H.) early childhood scholarship project. Child care centers leverage state funds for scholarships for providers who take courses in child development. Bonuses or raises are provided upon completion of coursework. In **West Virginia**, public and private funds support an apprenticeship program for child development specialists. Apprentices who complete four semesters of instruction and 4,000 hours of on-the-job training receive a nationally recognized child development specialist credential from the U.S. Department of Labor. The program also is collaborating with the National Association for the Advancement of Colored People on a pilot preemployment training project for TANF recipients.

Delaware, New Jersey, and Tennessee join a growing number of states that are designing career development systems for child care professionals. In **Delaware** the career system includes a core curriculum of training competencies; resource centers for training materials; a personnel registry that documents the education, training, and professional activities of each provider in the state; and a database of training opportunities. **New Jersey** and **Tennessee** are establishing career ladders for early childhood professionals through articulation agreements between education institutions that provide training.

Improving Access to Care

A 1997 report by the U.S. General Accounting Office stated, "The gap that exists between the current supply of known child care and child care demand is likely to grow, with disproportionately larger gaps for infants and school-age children."⁷ States are conducting their own needs assessments to identify when and where the supply of child care does not meet the demand. A survey of single-parent households in Washington that received cash assistance in 1996 showed that 44 percent of the parents worked nonstandard hours. This includes evening and night shifts, rotating shifts, and irregular hours. Other states are finding shortages of infant care, sick care, and after-school care.

Building Capacity

States are using innovative techniques to increase the supply of child care. A collaborative effort in **Oregon** addressed the shortage of infant and toddler care and is expected to create an additional 700 slots for infants and toddlers. In **Puerto Rico** state government is setting an example. The Governor's mansion now includes a full-day child care center for more than thirty children, and other state agencies are encouraged to build centers for their employees' children. **Utah** provides information on how employers can address the child and dependent care needs of their employees.

Expanding Prekindergarten Programs

The 1998 edition of *Map and Track: State Initiatives for Young Children and Families* shows that thirty-four states support statewide, comprehensive programs for preschoolers. A number of these states have expanded their programs in the past two years.⁸ The **Connecticut** School Readiness Child Care Act passed unanimously in a bipartisan effort involving the Governor's office and the state legislature. State education and CCDF funds created 4,000 new prekindergarten slots between July 1997 and March 1998. In 1997 **New Jersey** announced its plan to provide full-day kindergarten for four- and five-year-olds in 125 school districts with high concentrations of low-income children. The departments of education and human services are working together to implement the project. **New York** allocated \$500 million for fiscal 1998 to fiscal 2002 to create universal access to prekindergarten for all four-year-olds. School districts will receive the funding and must set aside 10 percent of the funds to collaborate with local early care and education providers and other community-based organizations.

Devolving Responsibilities and Mobilizing Communities

Almost half of the state programs devolve programmatic or financial responsibilities to county governments or local councils to mobilize communities and give them flexibility to respond to local needs. Several

devolution initiatives aim to improve a specific service. Typically, the state defines the program goal (e.g., to build local child care capacity), county governments or local councils assess community needs, and grants are awarded to address the problems identified in the assessment. In other states, the devolution initiative seeks to empower communities to provide comprehensive services for children and families. Communities are encouraged to combine funding streams to provide these services.

Fifteen of the profiled states are devolving programmatic responsibilities to the local level. Local governance structures often vary among states and sometimes vary among programs within a state. Some states use existing infrastructure, such as county governments or local agency offices, for their devolution initiatives. Other states create new partnerships or councils and define representation on local boards. For example, county-based, nonprofit, incorporated partnerships run **North Carolina's** Smart Start program. Local partnership boards must have representatives from seventeen fields defined by state law, including elected officials, business leaders, ministers, child care providers, and librarians. Local Smart Start boards determine how the county will spend the funds allocated through the program budget.

The devolution of state funds for children's programs frequently supports larger state efforts to promote employment among welfare recipients. As part of Families First, **Tennessee's** welfare reform program, each of the state's ninety-five counties has a Families First council. One of the councils' first assignments was to award \$40,000 grants to organizations that could address local needs for child care services. The **Washington** Families That Work Initiative uses twenty-three successful family literacy programs to coordinate child care, parent education, and family support services with the employment and training services that welfare recipients need to secure and maintain employment. County welfare departments in **California** received funds to promote child care capacity-building activities to ensure maximum flexibility for families seeking to make the transition from welfare to work.

A growing number of devolution efforts strive to develop a system of coordinated care for young children at the local level. **Hawaii's** Good Beginnings is a public-private partnership under which local councils undertake regional planning, identify resources, and execute strategies tailored to the needs of children through age five. **Nevada's** Family-to-Family Connection divides the state into thirteen infant support districts. This voluntary, locally based, prevention-oriented program provides services to improve the health and well-being of all children through their first birthday.

Coordinating Service Systems

States are improving services for children by maximizing the flexibility of funding streams and encouraging the coordination of services at the local level. The flexibility provided by TANF and CCDF significantly enhance state capacity to promote collaboration and create more coordinated systems.

Intra-agency Coordination

Efforts in **Connecticut, Kansas, Ohio, and West Virginia** promote coordination between Head Start programs and state early childhood efforts. Head Start typically offers part-day, part-year services, so partnering with state early childhood programs enables parents who work full time to benefit from the high quality of these programs. The **Illinois** Teen Responsibility, Education, Achievement, Caring, And Hope (REACH) program coordinates funding to offer comprehensive services to at-risk teens. By combining funds from the TANF block grant, the Maternal and Child Health block grant, CCDF, and other resources, the program offers academic, recreation, life-skill, substance abuse treatment, mental health, and nutrition services.

Maryland, Missouri, and Wisconsin are among the states promoting cross-system collaboration at the local level. In **Maryland** twenty-seven Family Support Centers work with local departments of social services to support welfare recipients as they seek employment. Support services include child care assistance and

developmental screening for children. **Missouri** pooled funds from five state agencies to empower its eighty-six local Caring Communities to overcome barriers to the integration of human services and economic resources. More supports and services are available to children and families because of better integration of neighborhood services, and those services reflect community needs. In **Wisconsin** the state's welfare reform effort includes funding for communities to develop a Children's Services Network. This network provides central access to information on housing, child care, child welfare, charitable food and clothing centers, and other related support services.

Public-Private Collaboration

One quarter of the profiled programs identify the private sector as contributing to program success. In many states, state and federal funds leverage funds from the private sector. The **Florida** Child Care Executive Partnership matches every dollar an employer contributes to child care for its low-income employees. In fiscal 1997, this leveraged an additional \$4 million in funds for child care. The \$97 million Smart Start program requires the **North Carolina** Partnership for Children, the nonprofit organization that runs Smart Start, to match 10 percent of the state appropriation with private funds.

In addition to financial support, corporate and nonprofit employers are providing technical expertise on how to improve service delivery. The **Colorado** Business Commission on Child Care Financing designed a long-term plan for financing quality child care in the state. Prominent state employers are instrumental in raising awareness about the importance of early childhood development among state legislators and community stakeholders. In **Pennsylvania** the department of health partners with the American Academy of Pediatrics to operate the Early Childhood Education Linkages System. Local health professionals work with child care providers to enhance the health care, safety, and development of children in their care.

Indiana successfully leverages both financial resources and technical expertise from the private sector. Public and private sector partners came together to launch the Indiana Child Care Fund in December 1997 with more than \$500,000 in private funds. Since 1995, the state has promoted public-private partnerships for child care through annual symposiums on child care financing. The utility company Cinergy Corporation initiated the Symposium Corporate Mentoring Initiative to encourage its community and economic development managers to mentor local teams working to establish public-private partnerships for child care. Mentors share their expertise in financing, marketing, and managing partnerships.

New flexibility in the use of federal funds, growing awareness about the importance of early childhood development, and state welfare reform efforts are empowering Governors to improve services for children in working families. By enhancing the quality of early care and education, improving access to care, devolving responsibilities and mobilizing communities, and coordinating service systems, state government is working to support parents so their children grow to be successful adults.

Notes

- ¹ Lynn Karoly et al., *Investing In Our Children* (Santa Monica, Calif.: RAND Corporation, 1998).
- ² National Governors' Association and National Association of State Budget Officers, *The Fiscal Survey of States* (Washington, D.C.: National Governors' Association, December, 1997), 8.
- ³ National Governors' Association and National Association of State Budget Officers, Table A.
- ⁴ National Governors' Association and National Association of State Budget Officers, *The Fiscal Survey of States* (Washington, D.C.: National Governors' Association, May 1998), 15.
- ⁵ National Institute of Child Health and Human Development, Early Child Care Research Network, *Mother-Child Interaction and Cognitive Outcomes Associated With Early Child Care* (Washington, D.C.: April 1997).
- ⁶ Gwen Morgan, *Tiered Reimbursement Rates and Rated Licenses* (Boston, Mass.: Center for Career Development in Early Care and Education, 1998).
- ⁷ U.S. General Accounting Office, *Welfare Reform: Implications of Increased Work Participation for Child Care* (Washington, D.C.: 1997), 3.
- ⁸ Jane Knitzer and Stephen Page, *Map and Track: State Initiatives for Young Children and Families* (New York: National Center for Children in Poverty, 1998).

MATRIX OF STATE PROGRAMS

State	Program Name	Child Care Quality Improvement	Child Care Access	Devolution/Community Mobilization	Cross-System Coordination	Private Sector Support*	TANF-Funded*	CCDF-Funded*
California	Child Care Capacity Building Initiative	✓	✓	✓				✓
Colorado	Governor's Early Childhood Care and Education Initiative	✓	✓	✓	✓	✓		✓
Connecticut	Accreditation Facilitation Project	✓				✓		✓
Connecticut	Head Start/Managed Care Collaboration	✓			✓			
Connecticut	School Readiness and Child Care Act	✓	✓		✓			✓
Delaware	Coordination of Visits to Child Care Facilities	✓			✓			
Delaware	Delaware First...Again Early Care and Education System	✓			✓			✓
Florida	Caring for Kids	✓	✓		✓	✓		
Florida	Child Care Executive Partnership		✓			✓		✓
Florida	Collaborative Partnership Projects	✓	✓	✓				
Georgia	Standards of Care Initiative	✓				✓		
Hawaii	Good Beginnings	✓	✓	✓	✓	✓		
Illinois	Teen REACH (Responsibility, Education, Achievement, Caring and Hope)				✓		✓	
Indiana	Child Care Financing Initiatives	✓	✓	✓		✓		✓
Kansas	Quality Standards for Early Childhood Education	✓				✓		

State	Program Name	Child Care Quality Improvement	Child Care Access	Devolution/Community Mobilization	Cross-System Coordination	Private Sector Support*	TANF-Funded*	CCDF-Funded*
	Partnerships among Child Care, Head Start, Healthy Start, and communities in Kansas	✓	✓		✓		✓	✓
Kentucky	Child Care Access Program	✓	✓					
Maryland	Child Care Resource Network	✓	✓			✓		✓
Maryland	Family Support Centers			✓	✓	✓	✓	
Michigan	Family Nutrition Program				✓			
Mississippi	Child Care Partnership Grant Program	✓	✓	✓				✓
Mississippi	Office of Children and Youth Director's Child Care Credential	✓						✓
Mississippi	Healthy Measures: A Child's Health Journal	✓						✓
Mississippi	Child Care Connections Mobile Training Unit	✓						✓
Mississippi	Office of Children and Youth Child Care Compass Kiosk	✓	✓					✓
Missouri	Caring Communities	✓	✓	✓	✓			
Montana	Child Care Service	✓	✓				✓	✓
Nebraska	Child Care Licensing Program	✓						✓
Nevada	Family-to-Family Connection		✓	✓	✓			
New Jersey	Early Childhood Program Aid	✓	✓	✓	✓			
New Jersey	Families And Children Early Education Services	✓	✓	✓	✓			

State	Program Name	Child Care Quality Improvement	Child Care Access	Devolution/Community Mobilization	Cross-System Coordination	Private Sector Support*	TANF-Funded*	CCDF-Funded*
New Jersey	Accreditations and Scholarships	✓	✓					
New Jersey	Professional Development Center for Early Care and Education	✓	✓		✓			
New York	Child Health Plus							
New York	Earned Income Tax Credit							
New York	State University of New York Early Childhood Education and Training Program Video Resources Project	✓						✓
New York	Universal Prekindergarten Program	✓	✓	✓	✓			
North Carolina	Smart Start	✓	✓	✓	✓	✓		
Ohio	Head Start/Child Care Partnerships	✓	✓		✓			✓
Ohio	Early Start/Learning Earning and Parenting Partnership				✓		✓	
Oregon	Adult and Family Services Focus on the Child Training Program	✓	✓		✓			
Oregon	Child-Care Group-Home Development Project	✓	✓		✓			✓
Pennsylvania	Early Childhood Education Linkage System partnership.	✓			✓	✓		✓
Puerto Rico	Our First Child Care and Development Centers	✓	✓			✓		✓
Puerto Rico	<i>Madrinas Escolares</i> (Godmothers for School Children)			✓	✓			
Puerto Rico	Boy Scouts for Low-Income Children: An After-School Program	✓				✓		

State	Program Name	Child Care Quality Improvement	Child Care Access	Devolution/Community Mobilization	Cross-System Coordination	Private Sector Support*	TANF-Funded*	CCDF-Funded*
Tennessee	Early Childhood Training Alliance	✓			✓			✓
Tennessee	Families First Council Child Care Grants	✓	✓	✓	✓			✓
Utah		✓	✓	✓		✓		✓
Vermont	Reaching Out: Supporting Working Families and Their Children	✓	✓	✓	✓	✓	✓	
Washington	Families That Work			✓	✓		✓	
Washington	Work-Based Learning Initiative		✓		✓			✓
Washington	Children's Village				✓	✓		
West Virginia	Apprenticeship for Child Development Specialist	✓	✓		✓	✓		✓
West Virginia	Challenge Grant Partnership				✓			
Wisconsin	Child Care Capacity Building for Welfare Reform (W-2 Wisconsin Works)		✓	✓	✓		✓	
Wisconsin	Child Care Quality Initiative	✓						✓
Wisconsin	Children's Services Network		✓	✓	✓		✓	
Wyoming	Early Childhood Development	✓	✓		✓			✓

* Many states did not clarify the funding source for their initiative or indicate whether funds from the Child Care and Development Fund were transferred from the Temporary Assistance for Needy Families block grant.

STATE STRATEGIES

CALIFORNIA

Child Care Capacity-Building Initiative

Goal(s):	<ul style="list-style-type: none">• To improve and expand child care services for working families.• To ensure that quality child care resources are available in all areas of the state to respond to the expected increased need for child care generated by the new welfare reform program.
Target Population:	Child care providers.
Funding:	\$9 million in 1997 -1998: \$8 million from state general funds and \$1 million from Child Care and Development Block Grant
Description:	<p>County welfare departments received funding to promote child care capacity-building activities at the local level to ensure maximum flexibility in meeting specific community and welfare-to-work needs. Examples include:</p> <ul style="list-style-type: none">• identifying child care capacity needs;• recruiting child care providers in areas of need for families transitioning from welfare to work;• retaining existing child care providers by expanding training opportunities; and• utilizing welfare parents as potential child care providers to provide employment opportunities for the parent and to meet local child care resource needs. <p>As a condition of receiving funds, counties coordinate with all major child care stakeholders including resource and referral agencies, planning councils, provider associations, parents, and the child care community at large. To ensure that local agencies can identify their child care needs, the initiative funds research at the University of California-Berkeley that has developed a tool to assist local agencies in assessing available local supply and projecting community child care needs.</p> <p>The allocation to counties also includes funding to establish local training programs to enhance license-exempt child care facilities. With this funding, counties are expected to establish training programs on child safety issues such as cardiopulmonary resuscitation, pediatric first aid, and prevention of shaken baby syndrome and sudden infant death syndrome. Counties also may allocate additional local resources to continue and expand training. The University of California-Davis extension program also receives funding to provide basic child development training to licensed child care family providers.</p> <p>\$1 million from the initiative is set aside to develop training programs for welfare parents to become child care providers. Sixteen pilot projects throughout the state have been funded, covering half of California's fifty-eight counties.</p>
Contact(s):	David Dodds, chief, Advocacy and Policy Branch, Community Care Licensing Division, California Department of Social Services, 916/657-2346 (phone).

COLORADO

Governor's Early Childhood Care and Education Initiative

Goal(s):	<ul style="list-style-type: none"> • To bring the systems of child care and early education together into a comprehensive, coordinated system of high-quality, affordable services. • To ensure that all families who need information on, and access to, quality early care and education programs will have the opportunity for involvement at every level. • To ensure that communities will be empowered to plan and implement local early care and education systems that meet the unique needs of resident families and children. • To ensure the system will use scarce financial resources wisely. • To ensure the system will provide incentives to attract and keep good teachers and administrators in the field.
Target Population:	State agency staff, the Colorado General Assembly, business leaders, child care providers, parents, and children's advocates.
Funding:	Approximately \$200,000 from the Child Care and Development Fund, \$50,000 this year from Goals 2000, and approximately \$100,000 a year from private foundations and corporate donations.
Description:	<p>The Governor's Early Childhood Care and Education Initiative has grown in size, scope, and constituency since it began in 1988 as a project of Governor Roy Romer's early childhood program First Impressions. In the past few years, Governor Romer, state department staff, the Colorado General Assembly, business leaders, and thousands of children's advocates have made significant progress toward meeting the goals of the Governor's Early Childhood Care and Education Initiative.</p> <p>The initiative seeks to coordinate the funding of early childhood programs and improve the quality of care. Publicly funded early care and education services are largely categorical and determine eligibility based on particular family characteristics (e.g., poverty, ethnicity, disability). Many providers are struggling to administer multiple programs, each with its own prescriptive eligibility guidelines, staff qualifications, program rules and regulations, and accountability and monitoring systems. Although working parents need child care that meets their work schedules, less than 40 percent of the \$207 million available to Colorado to pay for these programs is compatible with a full-day, full-week, full-year work schedule. Significant new resources must be infused into the system to improve the quality of care.</p> <p>The initiative broadly involves:</p> <ul style="list-style-type: none"> • the creation of the Business Commission on Child Care Financing to create a long-term, viable financing plan for the system; • the creation of the Early Childhood Professional Development System that will establish a voluntary early childhood credential and a system of credit transfer from vocational and high school programs and community colleges throughout the state;

- the establishment of forty community-learning clusters that develop and offer early childhood training at the local level;
- the creation of a state commission on early care and education to guide policy and programs and to “bust barriers” that obstruct better services to children and families;
- the creation of local early care and education boards to develop and guide local system development;
- the establishment, through legislation, of twelve community pilot programs to create consolidated, integrated early care and education services;
- the creation of quality standards that can be used to assess and monitor quality across categorical programs; and
- the pursuance of “pilot status” from the U.S. Department of Health and Human Services to allow Head Start to fully participate in consolidated services efforts at the community level.

Successes in the past year include:

- directing block grants of all available child care funds to counties, under the direction of the county commissioners;
- providing incentive grants and technical assistance to localities to create early care and education boards to develop and oversee local plans for services;
- allowing counties to raise the income ceiling for working parents from 140 percent to 185 percent of the poverty level so that more low-income working families can get the help they need to pay for child care;
- allowing counties to raise the reimbursement rate to child care providers who serve an average of 18 percent of children receiving child care subsidies;
- directing \$4 million in funding to rural counties to renovate or build child care centers; and
- expanding of the child care income tax credit and including a refund option.

These efforts are collaborations of the Governor’s office; the state departments of education, human services, and public health; and two private-sector initiatives, Bright Beginnings and Educare.

Contact(s):

Sally Vogler, policy director, Families and Children, Governor’s Office, 303/866-3123 (phone), sally.vogler@state.co.us (email).

CONNECTICUT

Accreditation Facilitation Project

Goal(s):	<ul style="list-style-type: none">• To improve the quality of early childhood education and care by encouraging child care centers to participate in accreditation by the National Association for the Education of Young Children (NAEYC).• To provide an ongoing support system for early care and education programs as they work toward program improvement.
Target Population:	Child care centers.
Funding:	\$600,000 from the Child Care and Development Block Grant in fiscal 1998 and fiscal 1999. The Hartford regional project receives significant funding from the Hartford Foundation for Public Giving.
Description:	<p>In 1991 a partnership between the Hartford Association for the Education of Young Children and the Hartford Area Child Care Collaborative created the Greater Hartford Accreditation Facilitation Project. The project has served 100 sites through individualized assistance and financial support. Fifty-one of these sites have achieved accreditation from NAEYC, while another thirty continue to work on the self-study phase of the process. The project has directly impacted 846 staff and 5,110 children. The project also reaches more than 1,500 early care and education professionals through free training sessions.</p> <p>The 1997 School Readiness and Child Care Act replicates the project in the four remaining regions in the state. The statewide initiative operates under the umbrella of Connecticut Charts-a-Course, the state's coordinated training and professional development system.</p> <p>The Accreditation Facilitation Project provides assistance to centers through an application process. Assistance includes:</p> <ul style="list-style-type: none">• reimbursement for the NAEYC self-study application and validation fees;• individualized assistance from a full-time facilitator for site visits, group meetings, and staff meetings;• enhancement grants for improvements necessary to meet accreditation standards; and• funding for substitute caregivers who provide classroom relief while staff work on accreditation. <p>The Accreditation Facilitation Project also provides the following benefits to all early care and education programs:</p> <ul style="list-style-type: none">• free monthly workshop sessions on topics such as infant/toddler programming, room arrangement, and discipline;• technical assistance workshops about the self-study process and the support available through the project;• a public relations campaign to raise awareness of the significance of accreditation; and• a support network of mentors, validators, and accredited center personnel throughout the state to provide telephone support, workshops, and site visits.

Contact(s): | Deb Flis, accreditation facilitation director, Connecticut Charts-a-Course, 860/257-1104 (phone), 860/257-1104, press 5 (fax).

Head Start/Managed Care Collaboration

Goal(s): |

- To clarify and solidify the link between Head Start programs and managed care organizations in the state.
- To promote access to and delivery of health care and better health.

Target Population: | The twenty-four Head Start grantees who serve 6,000 children statewide, and the six managed care organizations in Connecticut.

Funding: | None.

Description: | In 1995 Connecticut implemented a mandatory managed care program for children and families on Medicaid. Based on experience during the first two years of the program, the Connecticut Department of Social Services is asking participating managed care organizations to enter into memorandums of understanding (MOUs) with programs like Head Start that work with families in the Medicaid managed care program. MOUs between Head Start programs and Medicaid managed care organizations recognize that both Head Start and Medicaid require the delivery of timely, comprehensive health care services to children. The MOUs are intended to foster a collaborative working relationship between Head Start programs and managed care organizations to improve the delivery of health care services for the children they serve.

Contact(s): | Judith Solomon, executive director, Children's Health Council, 860/548-1661 (phone), 860/548-1783 (fax).

School Readiness and Child Care Act

Goal(s): |

- To promote student success in school, with priority for school districts serving high numbers of low-income children.
- To increase prekindergarten enrollment in the state, especially among poor urban communities.
- To increase availability of full-day, full-year prekindergarten programming for children of working parents.
- To improve the quality of local preschool programs.

Target Population: | Three- and four-year-old children, with priority for low-income and high needs children.

Funding: | \$10 million in new state funds from the Connecticut Department of Education, and \$8 million from the Child Care and Development Block Grant. The proposed budget for fiscal 1999 doubles spending in both categories.

Description: | Research shows that early school failure is more likely among urban poor children without prekindergarten experience, and urban poor children are less likely than their suburban counterparts to have a prekindergarten experience. In an effort to increase school success, the School Readiness and Child Care Act provides funding

Contact(s):

for the expansion of prekindergarten programs, improves the quality of programs, and ensures full-day, full-year programming for working families by leveraging new state dollars with federal child care dollars. Priority for funding goes to school districts or individual elementary schools with the highest percentages of children receiving free or reduced-fee lunches. Between July 1997 and March 1998, 4,000 new prekindergarten slots were created.

The act was passed unanimously in a bipartisan effort involving Governor John G. Rowland's office and the state legislature.

George Coleman, bureau chief, Bureau of Early Childhood and Social Services, Connecticut Department of Education, 860/683-4204 (phone), 860/638-4218 (fax); or Peter Palermino, administrative program manager, Family Services Division - Child Care Programs, Connecticut Department of Social Services, 860/424-5006 (phone), 860/951-2996 (fax).

DELAWARE

Coordination of Visits to Child Care Facilities

Goal(s):	<ul style="list-style-type: none">To coordinate compliance visits among all agencies involved in child care program oversight.
Target Population:	All licensed child care facilities in Delaware.
Funding:	Incidental costs for cross-training.
Description:	<p>Since 1982 the number of licensed child care facilities has almost quadrupled, with almost half the growth occurring between 1990 and 1995. This created a strain on available monitoring resources and led to the development of a more coordinated system of monitoring compliance in child care facilities.</p> <p>In 1997 the Delaware Office of Child Care Licensing met with other agencies involved in monitoring licensed child care facilities to produce a common set of health and safety standards and coordinate compliance visits to child care facilities. Agencies involved in the collaboration include the Division of Family Services-Office of Child Care Licensing (OCCL); the Division of Social Services Subsidized Child Care; the Division of Public Health (DPH)-Health Systems Protection; the Department of Education-Child and Adult Care Food Program (CACFP); the Office of the State Fire Marshal (OFM); and the fire marshals in Wilmington, Newark, and Dover.</p> <p>As a result of the meetings, agency visits will be divided and staggered for more effective oversight of child care facilities. All agency inspectors will monitor key health and safety standards using an interagency observation checklist. Inspectors will document any observed violations or concerns and make a referral to the appropriate agencies.</p> <p>Monitoring responsibilities are divided based on the category of the child care facility. Large group facilities (child care centers, large child care homes, and residential child care facilities) will be monitored by OCCL, DPH, and OFM based on a master schedule developed by OCCL. Family child care homes and large family child care homes will be monitored by OCCL with CACFP sponsoring agencies monitoring homes three times per year. OCCL will conduct unannounced compliance reviews for a sample of homes not participating in CACFP, homes not recently monitored by OCCL, and homes on corrective action or other enforcement activity. As the licensing agency, OCCL will continue to receive referrals from all participating agencies and follow up as required.</p>
Contact(s):	Kathryn Way, director, Division of Family Services, Delaware Department of Services to Children, Youth, and their Families, 302/633-2657 (phone), 302/633-2652 (fax).

Delaware First...Again Early Care and Education System

Goal(s):	<ul style="list-style-type: none">• To create a continuum of training opportunities for early childhood practitioners, from workshops to college courses, with recognition for every level of training experience.• To create a “career ladder” that reflects different levels of training and meets the needs of practitioners.• To ensure that early childhood training is of high quality and meets the needs of practitioners.• To enable practitioners to have formal documentation of their individual professional development.• To develop an information system that will use training resources effectively.
Target Population:	Early care and education practitioners.
Funding:	\$280,000 annually from the Child Care and Development Fund, with some state funds for child care training.
Description:	<p>In 1989 Delaware awarded a contract to consultants Gwen Morgan, Joan Costley, and Nancy Brown to develop the Comprehensive State Training Plan for Child Care Staff. They recommended creating a career development system by 2000 that allows practitioners access to a clearly delineated continuum of training opportunities. Implementation of the system has been a collaborative effort by leaders from state government, higher education, and the early childhood community. The Delaware Office of Child Care Licensing, Division of Family Services in the Department of Services to Children, Youth, and Families was the lead agency in the management and implementation of the system.</p> <p>The career system has four major components.</p> <ul style="list-style-type: none">• Core Curriculum. Community-based training courses covering the core competencies for the field are offered at various levels of difficulty to meet the needs of practitioners. This component was initiated in 1993 and has evolved to offer more than 130 hours of training, with each course being offered at least once in each county annually.• Resource Centers. Three centers in each of Delaware’s three counties offer a toy lending library, training materials, information, and resources for child care practitioners. In 1998, with one-time funding, two mobile resource vans will be added to bring information and materials to child care facilities in outlying areas. A training calendar <i>Provider Pursuits</i> is published three times per year and distributed to state early care and education facilities. This publication provides information about training and professional preparation opportunities of interest to practitioners.• Personnel Registry. Since 1995 practitioners have had a database with complete records of their individual training, education, and professional activities. The database offers a printed transcript to each practitioner. The database also assists the Delaware Office of Child Care Licensing in tracking compliance of licensed facilities with training requirements, and it provides useful data about training needs and utilization.• Training Approval. Providers will be able to access information on the content and level of difficulty of training that is offered, as well as information on the expertise of the trainer. Maintaining a database of approved trainers and training offerings also will help identify training needs.

The broad success of the Delaware First...Again Early Care and Education System is evident in the acknowledgement among practitioners that professional preparation is a means of enhancing quality care for young children. New partnerships and collaborations have emerged such as articulation agreements and regular communications between the early childhood and higher education communities. All parts of the early childhood community are now involved in the ongoing discussion of improving early care and education.

Contact(s):

Kathy A. Wilson, career development manager, Office of Child Care Licensing-Division of Family Services, Delaware Department of Services to Children, Youth, and Families, 302/892-5800 (phone), 302/633-5112 (fax), kawilson@state.de (email).

FLORIDA

Caring for Kids

Goal(s):	<ul style="list-style-type: none">• To increase the quality of informal child care arrangements and encourage these providers to become licensed or registered.• To increase the availability of licensed and registered family child care homes by 1,000.• To increase the number of accredited centers and family child care homes to more than 1,000 over three years.
Target Population:	Child care providers who serve low-income children.
Funding:	\$4.5 million from public and private sources. The primary funding source is the Florida Department of Children and Family Services. NationsBank Corporation is the lead corporate partner, with additional funding from Kaplan Supply Company.
Description:	<p>Caring for Kids is a statewide initiative that works to improve the overall quality of child care in Florida. Through twenty-five child care coordinating agencies, this effort offers services to child care providers in all sixty-seven state counties. The Florida State WAGES Board (Work and Gain Economic Self-Sufficiency—Florida's welfare to work program) and the department of children and family services collaborated to launch Caring for Kids on July 1, 1997. This initiative coordinates a variety of programs, increasing the quality of care and ensuring that providers are available in the areas of highest need.</p> <p>Caring for Kids funds resource mobiles, minigrants for child care providers, low-interest loans with a rebate mechanism to encourage quality and retention, handbooks for caregivers, on-site technical assistance, and training. These programs address many of the financial and professional development needs of Florida's providers.</p> <p>In the first six months, Caring for Kids has shown dramatic results.</p> <ul style="list-style-type: none">• The supply of child care increased by:<ul style="list-style-type: none">- 560 licensed and registered family child care providers;- 230 family child care providers of infant care;- 218 family child care providers of evening care;- 139 family child care providers of overnight care; and- 148 family child care providers of weekend care.• The child care coordinating agencies have given outreach services to 1,569 informal providers. Of these, 558 have completed the three-hour training and 109 have become licensed or registered.• More than 600 caregivers have obtained their child development associate credential.
Contact(s):	Susan Muenchow, executive director, Florida Children's Forum, 850/681-7002 (phone), 850/681-9816 (fax), smuenchow@fcforum.org (email).

The Child Care Executive Partnership

Goal(s):	<ul style="list-style-type: none">To provide access to affordable, quality early care and education programs that accommodate parents' work schedules through a public-private partnership.
Target Population:	Low-income working families employed by participating businesses.
Funding:	\$4 million in private dollars and \$4 million in matching funds from the Child Care and Development Fund in fiscal 1997. In fiscal 1998, the Partnership will match \$6 million with \$6 million in local contributions.
Description:	<p>Florida matches each dollar an employer pays to subsidize child care costs for employees who qualify for state-subsidized child care.</p> <p>Governor Lawton Chiles appoints members to the Child Care Executive Partnership (CCEP) board. The board includes executives from some of the state's leading employers, an association representing thousands of Florida's businesses, the child care community, and the Governor's chief of staff. Although CCEP oversees the program on a state level, the local implementation is managed by the Community Child Care Task Force. This task force is comprised of employers, parents, private child care providers, and a representative from the local interagency coordinating council for children's services. The task force's goal is greater grassroots-level support.</p> <p>In fiscal 1996, the partnership raised more than \$2 million in private funds in less than six months. This included contributions from thirty-one Florida employers. A request for \$6 million to expand the program during fiscal 1998 has been made in anticipation of raising \$6 million from the private sector.</p>
Contact(s):	Larry Pintacuda, chief of child care, Florida Department of Children and Families, 850/488-4900 (phone), 850/488-9584 (fax); or Susan Muenchow, executive director, Florida Children's Forum, 850/681-7002 (phone), 850/681-9816 (fax), smuenchow@fcforum.org (email).

Collaborative Partnership Projects

Goal(s):	<ul style="list-style-type: none">To improve collaboration among providers of early education and child care services to support Florida's efforts to achieve Goal One of the National Education Goals -all children will start school ready to learn.
Target Population:	Child care and social services providers in all sixty-seven Florida counties.
Funding:	\$3 million per year in state revenues appropriated from lottery funds in the state's general appropriation act.
Description:	<p>The Collaborative Partnership Projects originated in 1993 to improve the quality of early education and care services and support community efforts to ensure children enter school ready to learn. These projects are designed to be responsive and sensitive to the diverse needs of communities in Florida. Examples of improvements include:</p> <ul style="list-style-type: none">developing a streamlined system of entry for children served in school district-operated preschool programs, Head Start, and subsidized child care systems;

- improving program quality through expansion of validated information systems such as national accreditation standards;
- expanding access to comprehensive services including health care, dental care, family literacy services, social services, and job training;
- expanding opportunities for the inclusion of young children with disabilities in comprehensive and high-quality early education and care programs;
- initiating collaborative staff training opportunities for early education and child care staff;
- developing a system of transition between providers of services and young children and their families; and
- expanding opportunities to cofund and cost share to maximize resources.

Each project receives a first-year planning grant from \$8,000 to \$10,000 to develop a collaboration to plan and carry out the program. Succeeding funding is awarded annually based on application for funds, and estimated funding is \$100,000 per project. The funding is short-term and communities are helped with identifying other resources to support ongoing costs related to the specified outcomes.

Contact(s):

Robert Bedford, deputy commissioner for educational programs, Florida Department of Education, 850/487-1785 (phone), 850/413-0378 (fax).

GEORGIA

Standards of Care Initiative

Goal(s):	<ul style="list-style-type: none">• To maximize brain development and learning opportunities for children ages zero to three and to raise the level of consciousness about appropriate care for infants and toddlers.
Target Population:	Child care providers and the children they serve who will benefit from the higher quality of care.
Funding:	An estimated \$500,000 will be raised from private sources for equipment, computers, materials, and supplies. Private contributions will be supplemented with funds from the Georgia lottery. Training costs will be absorbed by the existing budget of the Office of School Readiness (OSR).
Description:	<p>Governor Zell Miller announced the Standards of Care initiative in April 1998. This initiative extends the high quality of the award-winning Georgia Prekindergarten Program to centers providing care for all children ages four and younger. Often the four-year-old prekindergarten classrooms are well furnished, while other rooms in centers that do not receive prekindergarten funding contain minimal books and supplies. In order to rectify this situation, the Georgia Office of School Readiness will implement the Standards of Care initiative in the 955 child care learning centers they fund and license.</p> <p>The Standards of Care Initiative consists of three components.</p> <ul style="list-style-type: none">• Recognition. Center of Distinction certificates will be awarded to providers who meet certain quality requirements and adopt the voluntary Standards of Care that OSR defined to improve the safety and quality of the learning environment and appropriateness of nurturing and learning activities. Applications for certificates require providers to perform two self-evaluations using the Infant/Toddler Environment Rating Scale and the Optimal Equipment, Materials, and Supplies Inventory List. The two instruments will identify the level of care that centers are providing and identify any equipment, material, and supply needs that currently exist at each center. Although some centers will not initially earn a Center of Distinction certificate, the goal is to encourage them to strive for this recognition.• Support through Quality Enhancement Grants. Quality Enhancement Grants will assist centers that have applied for a Center of Distinction certificate but need equipment, materials, or supplies to provide high-quality care and instruction to children at their center. Quality enhancement grants will be awarded based on need, with a maximum award of \$4,000. Centers accepting grants must send their caregivers to twenty-four hours of Standards of Care training.• Support through Training. All providers implementing the Standards of Care initiative are eligible to participate in intensive OSR training for caregivers of children ages zero to three. Training topics include:<ul style="list-style-type: none">- cognitive/communication topics that affect learning (summer series);- social/emotional topics that affect learning (fall series);- self-help topics that affect learning (winter series); and- physical/motor topics that affect learning (spring series).

Training will specifically address child development and learning activities for children. OSR training will offer suggestions on methods and activities for interacting with children. Caregivers will be encouraged to adapt the principles they learn in class to their individual teaching styles and center needs. Topics for family involvement will also be included in the training. Family engagement is a critical component of the Standard of Care initiative.

Over the past five months, OSR has vigorously:

- reorganized and clarified mandatory existing day care health and safety licensing regulations;
- changed the title of licenses from day care licenses to child care learning center licenses;
- created a new standard of care by adding a series of voluntary rules to existing health and safety licensing regulations that address brain research and learning opportunities for infants and toddlers;
- initiated a fundraising effort to provide child care learning centers with appropriate books, manipulatives, supplies, and equipment; and
- developed training that focuses on child development issues and appropriate learning activities for young children.

Contact(s):

Celeste Osborn, Georgia Office of School Readiness, 404/651-7431 (phone), 404/651-7429 (fax), once@mail.osr.state.ga.us (email).

HAWAII

Good Beginnings

Goal(s):	<ul style="list-style-type: none">• To raise public awareness about the importance of the health and developmental needs of young children.• To give parents information to meet the health, protection, and developmental needs of their children.• To increase public and private investment in programs and services that meet the health, safety, and developmental needs of young children and families.• To provide informal child care settings that will meet the health, protection, and developmental needs of children.• To implement efficient strategies to link families to a range of coordinated services.• To establish a community-based system that is responsive to the health, education, and family support needs of Hawaii's families.• To adopt a results-based accountability system for early childhood services and programs.
Target Population:	Children ages zero to five and their families, approximately 96,083 infants, toddlers, and preschoolers, as well as expectant parents.
Funding:	Funded by \$700,418 in fiscal 1999 from local and national philanthropies, state government, and corporate sponsors.
Description:	<p>Good Beginnings is a public-private partnership devoted to the development of an integrated and effective system of early childhood programs and services. Established in statute during the 1997 legislative session, Good Beginnings encompasses a newly formalized partnership among communities, business, philanthropy, and government, with each having a mandated responsibility for addressing early childhood outcomes. The structure has three primary entities: local county councils; the Good Beginnings Alliance (a statewide, private, nonprofit charitable organization); and an interdepartmental council composed of state agency directors.</p> <p>Good Beginnings county councils are responsible for regional planning, identifying resources, and executing strategies tailored to local needs and priorities. The Good Beginnings Alliance has the primary responsibility for overseeing implementation of a master plan that addresses five elements for an effective early childhood system: family-focused services, quality assurance, coordination and accountability, financing and resource development, and public engagement. The alliance also provides technical assistance, recommendations for policy development, and funding to partners at the local and state level to support activities that will lead to improved outcomes for young children. As the state-level public partner, the interdepartmental council is the focal point for cross-agency collaboration and decisionmaking around public financing issues and adoption of reform policies.</p> <p>Communities are at the heart of the system within the Good Beginnings coordinating structure, and most efforts focus on strengthening community capacity to address priority outcomes. Despite limited resources and competing demands, all counties in Hawaii have expanded efforts to meet the needs of children and their</p>

families. Each county has organized a local council with representation from a broad group of stakeholders including parents, child care providers, public and private agency representatives, church and business leaders, elected officials, and others. Specific activities initiated by the local councils range from the creation of a locally administered tuition subsidy program in Maui for low-income working families to the christening of a traveling teaching van on Kauai to conduct parent education activities throughout the island.

By dedicating resources to Hawaii's "The First Five Years" public awareness campaign, the Good Beginnings Alliance captured print and television media attention to educate parents and the public about the health and developmental needs of young children. As a result, public officials have shown increased interest in supporting early childhood programs. The 1998 legislature approved the creation of a Joint Legislative Committee for Early Childhood Education and Care. Business leaders also are showing financial support and have agreed to participate in the Good Beginnings Alliance family-friendly workplace survey.

The first operational year of Good Beginnings has demonstrated that, given technical support and a few dollars, significant progress can be made when communities and state leaders come together around a common purpose.

Contact(s):

Elisabeth Chun, executive director, Good Beginnings Alliance, 808/531-5502 (phone), 808/531-5702 (fax), goodbeginnings@lava.net (email).

ILLINOIS

Teen REACH (Responsibility, Education, Achievement, Caring, and Hope)

Goal(s):	<ul style="list-style-type: none">• To increase academic success• To reduce a myriad of risk-taking behaviors among teens, like substance use, delinquency, premature sexual activity, and criminal involvement.
Target Population:	Children and adolescents ages ten through seventeen from families who live in high-need communities, including those who are working to move off welfare.
Funding:	\$6.7 million from state general revenues, including Temporary Assistance for Needy Families (TANF) allocations.
Description:	<p>The Teen REACH program begins in fiscal 1998. Program funds will develop or expand community-based programs that operate during out-of-school time. Applicants must provide the four core services listed below and any of six additional services as needed by the communities they serve. Approximately thirty projects will receive funding.</p> <p>The core services are:</p> <ul style="list-style-type: none">• academic enrichment (including time to do homework) and tutoring in basic skills;• recreation, sports, and activities that provide safe outlets for the participants to try new skills and interests, build friendships, find their place in a group, and gain developmentally relevant experiences;• positive adult mentors who allow opportunities for participants to develop and maintain positive, sustained relationships with adults through mentoring and other programs that emphasize one-on-one interaction; and• life skills education that provides abstinence education on a range of risky behaviors, such as substance use, criminal involvement, violence, and sexual activity. <p>Additional program services that may be integrated based on service area and participant needs are:</p> <ul style="list-style-type: none">• programs for boys that focus on positive life choices, including abstinence from sexual activity, family planning information, and violence and domestic violence education and prevention;• community service activities and projects that are needed in the community to help foster leadership skills and a sense of self worth;• employment skills training that includes visits to businesses and volunteer and internship programs in work settings that expose teenagers to the work world;• conflict resolution training to test problem solving, communication, and decisionmaking skills to prevent violence and to explore important beliefs and attitudes;• peer support that provides opportunities for participants to interact with each other in positive ways; and• other services including licensed child care that meet service area and participant needs.

Contact(s):

Eligible participants are between the ages of ten and seventeen and enrolled in school or working toward a high school equivalency degree. Programs must include explicit plans for parental involvement so that parents or guardians have opportunities to meet with staff to discuss their children's activities and socialization. Parents may be employed or in search of employment.

Howard A. Peters III, secretary, Illinois Department of Human Services,
217/557-1601 (phone), 217/557-1647 (fax).

INDIANA

Indiana Child Care Financing Initiatives

Goal(s):	<ul style="list-style-type: none">• To create, strengthen, and foster quality child care environments through increasing licensed capacity, increasing the number of credentialed providers, and reducing turnover among providers through increased compensation.• To increase the role of private-sector employers as leaders on child care issues and investors in high-quality child care for working families.
Target Population:	Children, parents, communities, providers, and employers who benefit from high-quality child care programs.
Funding:	\$3 million from the Child Care and Development Fund (CCDF) in fiscal 1997 plus funds leveraged from local public and private sources for the Symposium on Child Care Financing; \$800,000 from the CCDF for a collaborative education scholarship program for child care professionals; and \$500,000 in private funds to launch a permanent child care fund.
Description:	<p>According to 1990 census data, 288,000 (or 61 percent) of Indiana children six years of age and younger live in households where all parents present are working or looking for work. According to a January 1998 report from the licensing division of the bureau of child development, only 92,034 (or 32 percent) of children are currently in licensed care. The following three initiatives are examples of how Indiana is working to improve the quality and availability of child care.</p> <p>Indiana Symposium on Child Care Financing. On November 15, 1995, the Child Care Action Campaign (CCAC) and the Indiana Family and Social Services Administration (FSSA) organized the first Indiana Symposium on Child Care Financing. The mission of the first symposium was to increase the role of private-sector employers as leaders on child care issues and investors in improving the quality of child care for working families. Seventeen county-based teams participated in the first year; sixty-five participated in the second year; and more than seventy teams currently are participating. The strong response by local communities has prompted the state to allocate \$3 million to support ongoing public-private partnerships for community child care.</p> <p>To receive funding for a local child care initiative, county-based teams of public- and private-sector leaders are invited to submit a plan describing the needs of the county and a plan to improve child care in the community. The plan must address one or more of the following five goals: build public awareness of local child care needs; build public-private partnerships for child care; expand the supply of high-quality child care; increase the number of credentialed child care providers; or reduce the high rate of turnover among child care professionals.</p> <p>Communities are encouraged to create teams that include an elected official; a major employer; a parent; representatives from a financial institution, community foundation, private industry council, and chamber of commerce; and health, education, and child care professionals. Once the plan is approved, the team has access to national and state experts, state officials, and philanthropic and corporate mentors to guide them in their local initiatives. A county-by-county description of local initiatives is available through the Internet at: www.ai.org/fssa/HTML/inChildFinancing.html.</p>

The county-based child care financing initiatives have produced results at local and state levels. Local achievements include new and refurbished child care facilities for infants and toddlers, children with special needs, and school-aged children; employer-supported funds to invest in training programs for providers; employer surveys of their employees resulting in new corporate on-site child care facilities; business consortiums; corporate-supported family day care networks; partnerships with Head Start, public housing authorities, and family shelter facilities; pilot benefit programs for licensed providers; child care mentoring programs; and low-interest loan funds for family child care providers. At the state level, Cinergy Corporation, a utility company, has initiated the Symposium Corporate Mentor Initiative. Cinergy's community and economic development managers serve as mentors to the local teams, sharing their expertise in financing, marketing, and managing public-private partnerships.

The child and family studies department at Purdue University is conducting a statewide evaluation of the county-based symposium initiative. The evaluation seeks to answer two questions: "What are the impacts of the symposium on Indiana counties?" and "How do public-private partnerships engage in local planning processes that result in expanded and enhanced child care quality?" The evaluation will also produce a guide on financing strategies. The evaluation began in October 1997; a summary and analysis of the county plans has been completed and the release of a final report is scheduled for March 1999.

Indiana Child Care Fund. On December 2, 1997, Governor Frank O'Bannon and a group of public- and private-sector leaders launched the permanent Indiana Child Care Fund. The fund will raise corporate, foundation, and other private contributions to invest in strengthening the state's child care infrastructure. The first project was the "Indiana Tool Kit for Employers and Community Planners – Child Care: It's Good Business." The tool kit was distributed throughout the state in April 1998. The second project is replicating the North Carolina Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Project. The goal of T.E.A.C.H. is to increase the knowledge base of early childhood professionals working with young children, thus improving their care. The fund will provide educational scholarship opportunities for people working in licensed child care centers and family day care homes.

The Indiana Donors Alliance, a 501(c)3 nonprofit entity that represents seventy community foundations, is the official home of the Indiana Child Care Fund.

Education Collaboration: Child Development Scholarship Program. Ivy Tech State College, the Indiana Association of Resource and Referral Agencies, and the Purdue University Cooperative Extension Service are working in collaboration on a pilot project to offer a series of three-credit college courses leading to a Child Development Associate (CDA) credential. An estimated 1,000 child care workers throughout the state will participate in this credentialing process to increase the supply of trained child care professionals. Indiana has allocated more than \$800,000 for child care training scholarships.

Contact(s):

Carole Stein, Indiana Family and Social Services Administration, Division of Family and Children, 317/232-1148 (phone), 317/232-4990 (fax), cstein@fssa.state.in.us (email).

KANSAS

Kansas Quality Standards for Early Childhood Care and Professional Development

Goal(s):	<ul style="list-style-type: none"> • To create a system to measure the quality of care using the Kansas Quality Standards for Early Childhood Education. • To develop a consistent standard for the training and credentialing of early care and education providers.
Target Population:	Providers of early childhood care and education statewide.
Funding:	\$57,000 from the Child Care and Development Fund; in-kind donations of staff time and copying expenses to develop and write <i>Quality Standards for Early Childhood Education: For Children Birth Through Eight</i> ; and \$1,500 from the Kansas Association for the Education of Young Children (KAEYC) to fund the Professional Development Initiative (PDI).
Description:	<p>During the past six years, Kansas has developed quality standards for all early childhood and education programs based on National Association for the Education of Young Children and Head Start standards. Published as <i>Quality Standards for Early Childhood Education: For Children Birth Through Eight</i>, the new standards help to provide a consistent measurement tool to judge all early childhood programs. Three state departments that serve young children have adopted the quality standards, strengthening their value in the early care and education community. They have been distributed widely to educators in the Parents as Teachers, Head Start, and Even Start programs, and to child care providers, parents, school principals, teachers, local school boards, superintendents, professional organizations, and state agency personnel.</p> <p>Recognizing that current personnel need additional training to meet the Quality Standards, Kansas Association for the Education of Young Children began the Professional Development Initiative. The PDI committee includes child care providers, representatives from higher education, representatives from state and Head Start training agencies, representatives from child care resource and referral agencies, service organizations, representatives from the three state agencies, federal representatives, professional organizations, and others involved in early childhood. During the past year, PDI has been working on:</p> <ul style="list-style-type: none"> • writing core competencies for those working with young children; • designing a career lattice/ladder for people in early childhood care and the education of young children; • launching a public awareness campaign targeting parents, businesses, providers of early childhood care and education, and the public; • developing a pilot project that will be used to maintain a registry of all training, participants, clock hours, continuing education units (CEUs), and college credit accumulated by each individual; • sponsoring a statewide summit to discover the gaps and holes in the current system of training and; • establishing CEUs for those enrolled in early childhood care training. This includes writing articulation agreements between colleges and universities to award college credit for classes.

Contact(s):

All of this work will be used to create recommendations for funding the statewide early care and education system.

Rochelle Chronister, secretary, Kansas Department of Social and Rehabilitation Services, 785/296-3271 (phone), 785/296-4685 (fax).

Head Start and Early Head Start Expansion

Goal(s):

- To provide comprehensive, quality infant/toddler and preschool services through child care settings.
- To develop partnerships between child care, Head Start, Parents as Teachers, and Healthy Start educators and providers.

Target Population:

Families who are eligible for Head Start and subsidized child care.

Funding:

\$7.5 million from the Temporary Assistance for Needy Families (TANF) block grant, transferred to the Child Care Development Fund (\$5 million for Kansas Early Head Start and \$2.5 million for Head Start).

Description:

Through a competitive grants process, current Head Start and Early Head Start grantees applied to participate in a state effort to promote partnerships between Head Start grantees and other providers of early childhood services. The expansion initiative promotes collaboration among providers of early childhood services in the following three ways.

- Head Start program directors receive information on state fiscal procedures for budgeting, reporting, and financing of their programs. Because Head Start programs receive funding directly from the federal government, this information helps directors understand the state fiscal system.
- Child care providers who partner with Head Start programs receive enhanced training opportunities. Head Start performance standards require all child care providers who work with Head Start to have their Child Development Associate (CDA) credential within one year. The state has developed a training program to help providers earn a CDA. Providers attend three institutes developed by the state, as well as additional training in their communities by local providers. Mentors are assigned to assist the providers in their training. Upon completion of the 136-hour training program, providers may apply for an Infant/Toddler CDA or a Family Child Care CDA. Mentors also assist child care centers to become nationally accredited by the National Association for the Education of Young Children. Eventually, this training program will be open to all child care providers, not just those partnering with Head Start programs.
- The Kansas Early Head Start (KEHS) staff will be trained using Parents as Teachers, Healthy Start, and Healthy Families America curricula. Staff will deliver services to families in their homes and child care providers in child care centers. During home visits, KEHS staff will provide parenting training and resources to meet health, medical, nutritional, educational, social, and mental health needs. KEHS staff will serve as resources for the providers to meet educational needs and other Head Start core services for all children enrolled in their program. KEHS staff will also help providers find substitutes while providers make on-site visits or attend training.

Contact(s):

As an incentive to work with Kansas Head Start programs, child care providers will be paid through the Kansas Head Start program while participating in the expansion process. Child care providers will be paid for a full day/full year of services if they serve families who are eligible to participate in Head Start programs, regardless of absenteeism.

The Head Start expansion program works to create extensive child care services throughout the state, in both rural and urban areas. Twenty-seven counties in Kansas are expected to participate in the program.

Rochelle Chronister, secretary, Kansas Department of Social and Rehabilitation Services, 785/296-3271 (phone), 785/296-4685 (fax).

KENTUCKY

Child Care Access Program

Goal(s):	<ul style="list-style-type: none">• To develop a system of universal access to quality child care for all working families and expand subsidized care for low-income working and Temporary Assistance for Needy Families (TANF) families in Kentucky.
Target Population:	Families eligible for federal child care subsidies.
Funding:	Funded from existing resources.
Description:	<p>Kentucky's Child Care Access program was developed in cooperation with families, child care providers, policymakers, and community partners statewide. Starting in October 1997, the state's nine different child care programs with more than ninety eligibility categories were combined into a single system. This new system:</p> <ul style="list-style-type: none">• establishes a unified statewide reimbursement rate;• creates an automated system of record-keeping through a single payment program; and• allows for greater local control and increased quality through the use of five regional service partners. <p>As a part of this new system, \$3 million was provided to further quality initiatives and expand access. The new system also provides continued support for the child care resource and referral program and creation of a statewide Office of Early Childhood Development in the Governor's office.</p>
Contact(s):	Nancy Rawlings, Kentucky Department for Social Services, 502/564-4650 (phone), 502/564-5002 (fax).

MARYLAND

Child Care Resource Network

Goal(s):	<ul style="list-style-type: none"> • To assist parents in selecting and locating child care best suited to their needs, preferences, and ability to pay. • To provide high-quality training on a wide variety of topics for child care professionals, parents, caregivers, employers, child care regulators, and others. • To provide technical assistance services to support and expand child care in Maryland.
Target Population:	Parents, child care providers, and employers.
Funding:	\$3,792,700 in federal Child Care and Development Funds, \$669,300 in state funds, and \$153,650 in matching funds from the network.
Description:	<p>The Maryland Child Care Resource Network is an innovative public-private partnership that was proposed by the Maryland Employers' Advisory Council on Child Care and supported by Governor Parris N. Glendening and the general assembly. The network began as a three-year demonstration project in fiscal 1990 when the Maryland Committee for Children was awarded the contract to administer the network and serve as the Statewide Child Care Resource Center (SCCRC).</p> <p>Funds from the federal Child Care and Development Fund have enabled the expansion of the network into jurisdictions not currently served. There will be ten resource centers statewide, with the possibility of three additional centers before the end of the year. A request for proposals was issued in January 1998 for a single entity to administer the network and establish additional regional resource centers by subcontracting with community-based organizations.</p> <p>The network is one of the reasons the September 1990 and April 1998 issues of <i>Working Mother</i> magazine named Maryland one of the top ten states in the nation for child care. Between September 1990 and March 1997, technical assistance provided by the network has:</p> <ul style="list-style-type: none"> • created 2,751 family child care homes and 305 new or expanded child care centers, increasing supply by 29,825 child care spaces; • provided resource and referral services to 162,387 families seeking care for 182,627 children; • trained 53,108 individuals; and • answered calls for 32,919 individuals starting or expanding child care programs and resources.
Contact(s):	Barbara L. Tayman, director of program development, Maryland Child Care Administration, 410/767-7840 (phone), 410/333-8699 (fax).

Family Support Centers

Goal(s):	<ul style="list-style-type: none"> • To improve education, training, and job retention by providing intensive case management and service coordination.
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Target Population:

- To involve parents in their children's learning and day care environments.
- To regularly screen children for developmental delays and provide treatment when necessary.

Funding:

\$5.5 million in state funds, in addition to federal grants and private funding.

Description:

In 1985 the Maryland Department of Human Resources, the Aaron and Lillie Straus Foundation, and the Morris Goldseker Foundation established a partnership with a number of local communities to develop and implement an innovative, statewide program of family support centers (FSCs). The partnership established a nonprofit corporation, Friends of the Family, to ensure that the family support initiative would grow and that centers would receive the support, technical assistance, and training they might require. Friends of the Family serves as an umbrella organization, establishing and promoting a quality delivery system for Maryland's centers while advocating and promoting the need for other programs that strengthen and support young families with children below four years of age. The network has grown from two FSCs to twenty-seven centers located in urban, suburban, and rural communities throughout Maryland. This program has served 8,200 parents, young children, and nonparenting participants.

FSCs work with local departments of social services to strengthen links between job-ready adults and employment opportunities. The local department refers eligible participants to FSCs for educational training and activities that meet the definition of work under the Temporary Assistance for Needy Families (TANF) block grant.

Successes of the program include the following.

- Additional staff have been hired to care for more children and to improve van transportation services.
- Additional computers have been purchased with welfare funds to increase the capacity of FSCs to help adult students work toward their general educational development (GED) diploma.
- Additional full-time staff (with benefits) have been hired for service coordination and career development, improving the quality of staff and programming.
- Additional staff have been hired to provide job development/job linking services and placement followup, increasing the likelihood of long-term employment.
- A partnership with a local business has started that guarantees eight full-time positions for FSC participants who receive a high school equivalency degree and successfully complete a job readiness course. Participants rotate through eight positions in eight-week intervals to gain on-the-job experience, build their resume, and experience life as a working parent.
- A "job shadowing" project has begun at a local hospital. Participants gain clerical experience in the pharmacy, the reception area, and the financial department.

Contact(s):

Education services at Maryland's FSCs are available to almost any adult learner, providing remedial or basic education, GED preparation, and work readiness instruction. Classwork is individualized and computer-assisted with open entry and exit into classes.

Lynn Mitchell, Office of the Governor, 202/624-1430 (phone), 202/783-3061 (fax), lmitchell@gov.state.md.us (email).

MICHIGAN

Family Nutrition Program

Goal(s):	<ul style="list-style-type: none">To provide food and nutrition education for food stamp recipients and families eligible for food stamps in all eighty-three counties in Michigan.
Target Population:	Food stamp recipients and those eligible to receive food stamps.
Funding:	\$7.88 million for fiscal 1998, with half from federal Food and Nutrition Service (FNS) administrative funds and half from state and county dollars.
Description:	<p>The Family Nutrition Program's mission is to maximize food resources and improve the diet of individuals eligible for or receiving food stamps. Participants learn in groups or individual sessions led by paraprofessionals who, in most cases, are former public assistance recipients. The food and nutrition education includes experiential activities on basic nutrition, menu planning, food safety, budgeting, food selection and shopping, and resource management.</p> <p>The Michigan State University Extension (MSUE) runs the program in collaboration with the Michigan Family Independence Agency. The program began in January 1994 in sixty-eight counties, reaching as many as 73,560 individuals during a nine-month period. In 1995 the program became statewide and has grown each year.</p> <p>Under a waiver from the federal FNS, Michigan conducted a pilot program to cash-out food stamp coupons. In response to concerns over the nutritional health of families who would now receive cash instead of coupons, the Family Nutrition Program became the educational component for the state's food stamp cash-out pilot program in April 1996. MSUE sponsored a joint satellite training conference for the extension and the local family independence agency staff to address the educational and logistical components of the statewide pilot. MSUE also conducted focus groups of likely pilot recipients to address their concerns. As a result, MSUE developed and is now providing nutrition and money management classes that focus on the value of money, decisions people make that affect the use of available cash, managing resources, and cost-effective shopping to obtain the most nutritional value for the dollar.</p> <p>The Family Nutrition Program served 214,452 people in fiscal 1996 using a variety of delivery methods, including individual home visits and group presentations. Of the total nonduplicated contacts, 29,048 were children below twelve years of age, 4,954 were teens, 28,875 were families with children, and 119,058 were senior citizens.</p>
Contact(s):	Lynn Himebauch, associate program leader, Michigan State University Extension, Children, Youth, and Family Programs, 517/335-9102 (phone), 517/353-4846 (fax), himebauc@msue.msu.edu (email), http://www.msue.msu.edu/fnh/fnp/ (web page).

MISSISSIPPI

Child Care Partnership Grant Program

Goal(s):

- To encourage local commitment to child care through community generated financial resources that can be matched with Child Care and Development Block Grant (CCDBG) funds.

Target Population:

Recipients of the Child Care Partnership Grant Program are children of eligible parents, in the following order.

1. Children of parents actively participating in an allowable Temporary Assistance for Needy Families (TANF) activity.
2. Children of parents transitioning off TANF.
3. Children of very low-income working parents whose income is at or below the fiftieth percentile of the State Median Income (SMI) and who are at risk of going on TANF.
4. Children of parents working or in an approved educational or training program and working the minimum required hours whose income falls between the fiftieth and eighty-fifth percentile of the SMI.

Funding:

\$1 million from the Child Care and Development Block Grant; more funding is likely.

Description:

The Child Care Partnership Grant Program was established in September 1997. The principal purpose of a grant award is to fund a specific number of child care slots for a designated period of time, generally not to exceed twelve months. Limited funding may be available for new or expanding programs; for the purchase of fixed and consumable program assets such as indoor/outdoor equipment for children's use; program games, toys, and supplies; and minor nonconstruction renovations to meet minimum state or local licensing standards.

Applicants eligible for funding consideration include businesses that are engaged in commerce other than the provision of child care services, foundations and/or philanthropic groups, churches, universities, local or county governments, and multiservice community-based organizations. Applications for funding must demonstrate the anticipated impact a grant award would have on improving the availability and accessibility of child care for low-income working parents and/or those parents in an allowable TANF activity.

Proposals must show evidence of partnerships and cooperative efforts in addressing employee-community child care needs. Examples of child care partnerships include business-sponsored on-site or near-site centers, after-school care for latchkey children at churches, reserved corporate slots at licensed centers, creation or expansion of a family child care network, or operation of a center by a consortium of businesses.

Contact(s):

Ronnie F. McGinnis, director, Office for Children and Youth, Mississippi Department of Human Services, 601/359-4555 (phone); 601/359-4422 (fax), rmcginnis@mdhs.state.ms.us (email).

Office of Children and Youth Director's Child Care Credential

Goal(s):	<ul style="list-style-type: none">To promote continuous quality improvement in licensed child care through the development of a certification program to credential child care program directors and aspiring directors in child care best practice.
Target Population:	Providers working in licensed child care programs that serve low-income children.
Funding:	\$1 million from the quality improvement set-aside of the Child Care and Development Fund between fiscal 1996 and fiscal 1998. A small copayment for materials-supplemented block grant funding for 1997-1998 training costs.
Description:	<p>The Office of Children and Youth (OCY) Director's Child Care Credential is a 130-hour course of study on child care management practices that addresses the needs of adult learners with diverse abilities, life experiences, and educational backgrounds. Graduates of the course become credentialed directors (CDs) and receive enhanced child care reimbursement rates from the state. There are 128 child care professionals in Mississippi who are credentialed directors and another 165 are enrolled in one of six classes being held at four sites strategically located throughout the state.</p> <p>The program evolved from an analysis of market factors necessary to make child care investments attractive to business. The analysis revealed that the business community wanted the state to raise the standards required by the child care licensing agency. Increasing the competence of directors in all aspects of child care program management was determined to be the most effective way to improve program quality. A child care director must be both an educator and business administrator, yet few have experience or education in both areas.</p> <p>A representative stakeholder group developed the original course of study. The program coordinator, who holds a master's degree in child care administration from Wheelock College, received technical assistance support through a consulting contract with the Center for Career Development in Early Care and Education at Wheelock. The curriculum was written in 1995, and the pilot class of fifty began the field test in early 1996.</p> <p>All but three in the initial class were credentialed as directors in September 1996. After revisions to the curriculum based on the results of the field test, a second class was recruited. Of the 111 enrolled, eighty-one completed the course requirements successfully. Ten of those who did not complete the course in 1996 are currently enrolled in the 1998 class.</p> <p>Approximately 10 percent of the state's licensed child care programs will have a credentialed director at the end of the current session. A survey of directors enrolled in the pilot class conducted a year after their completion of the course work confirmed the program's value. Performance increases were reported in all aspects of program management including improved staff relations and improved parent relations. All felt the program contributed significantly to their ability to operate a quality child care program and would recommend participation to their peers.</p>
Contact(s):	Ronnie F. McGinnis, director, Office for Children and Youth, Mississippi Department of Human Services, 601/359-4555 (phone), 601/359-4422 (fax), mcginnis@mdhs.state.ms.us (email).

Healthy Measures: A Child's Health Journal

Goal(s):	<ul style="list-style-type: none">To give parents booklets targeting the health and immunization needs of infants and toddlers.
Target Population:	Parents requesting child care certificates.
Funding:	\$60,000 from the Child Care and Development Block Grant, which produced 50,000 booklets <i>Healthy Measures: A Child's Health Journal</i> .
Description:	<i>Healthy Measures: A Child's Health Journal</i> makes it easy for parents to keep a permanent record of their child's important health information. When used to record immunizations, health checkups, important firsts, and family health history, the journal becomes a valuable tool for health, education, and social services professionals. It should be taken and updated whenever a child visits the doctor, dentist, health department or clinic, hospital, community mental health center, or a social services agency, or when it is used for child care, school, or camp registration. There is a pocket in the inside back cover to hold a child's birth certificate, Medicaid/insurance card, immunization records, and confidential information or test results. Pages are also provided for a child's footprints and photo taken at birth, first steps and words, school photographs, and even a family tree.
Contact(s):	Ronnie F. McGinnis, director, Office for Children and Youth, Mississippi Department of Human Services, 601/359-4555 (phone), 601/359-4422 (fax), rmcginnis@mdhs.state.ms.us (email).

Child Care Connections, the Office of Children and Youth Mobile Training Unit

Goal(s):	<ul style="list-style-type: none">To improve access to child care training and cost-effective support services to child care providers, particularly those in rural areas of the state.
Target Population:	Licensed child care programs, especially those with caregivers who are graduates of the Office of Children and Youth (OCY) Director's Child Care Credential.
Funding:	\$80,000 annually from the Child Care and Development Block Grant (CCDBG) for operating expenses, and a one-time \$110,000 expenditure from CCDBG to purchase a twenty-nine-foot customized vehicle equipped with a library of early childhood curriculum resources, laminating and die-cut machines, and a photocopier.
Description:	Caregiver training can be expensive. There are often travel and per diem costs associated with training as well as expenses for substitute caregivers. Taking training to caregivers is an efficient and cost-effective way to reach caregivers. Child Care Connections travels throughout the state, taking training directly to the child care program. The instructor parks the OCY Mobile Unit on site at the host center. Staff from nearby programs often join staff members from the host center. Each participant receives a one-hour credit toward the fifteen hours required annually by the state. This program year, 1,600 caregivers received training from the mobile unit for an approximate annual cost of \$5 per participant.
Contact(s):	Ronnie F. McGinnis, director, Office for Children and Youth, Mississippi Department of Human Services, 601/359-4555 (phone), 601/359-4422 (fax), rmcginnis@mdhs.state.ms.us (email).

Office of Children and Youth Child Care Compass Kiosk

Goal(s):	<ul style="list-style-type: none">• To provide parents access to child care consumer education in order to increase their ability to make informed child care choices.
Target Population:	Parents and others responsible for making child care choices, with an emphasis on parents eligible for child care subsidies.
Funding:	\$220,000 from the Child Care and Development Block Grant.
Description:	<p>An interactive multimedia booth called the Compass Kiosk gives parents the information needed to identify key indicators of a quality child care program. The Compass Kiosk guides parents on a tour of infant, toddler, preschool, and school-age child care. Copies of a companion publication are available at the kiosk site. Written in an easy-to-read format, the guide includes information on program staffing, building and grounds, nutrition, health and safety, and the child care certificate program. A checklist for parents to use when visiting potential providers is included. Parents are given a toll-free number to learn more about the child care programs offered by the Mississippi Department of Human Services and a separate toll-free number for child support enforcement assistance.</p> <p>Currently placed at six locations, the Compass Kiosk can be expanded on a location-by-location basis as the demand increases.</p>
Contact(s):	Ronnie F. McGinnis, director, Office for Children and Youth, Mississippi Department of Human Services, 601/359-4555 (phone), 601/359-4422 (fax), rmcginnis@mdhs.state.ms.us (email).

MISSOURI

Caring Communities

Goal(s):	<ul style="list-style-type: none">• To improve results for Missouri's children and families by changing how state government and communities work together. Communities and state agencies across Missouri have agreed to work together on six core results:<ul style="list-style-type: none">- parents working;- children and families safe;- children and families healthy;- children ready to enter school;- children succeeding in school; and- youth ready to enter productive adulthood.
Target Population:	More than 42,000 children and their families in the eighty-seven Caring Communities, including some of the highest risk populations. This number will grow as the program is expanded throughout the state.
Funding:	\$22.4 million from the state legislature in fiscal 1995 for joint funding of programs across five state agencies. This innovative redirection of federal and state funding represents no new dollars. The funding is used as venture capital to leverage additional local, state, and federal resources. In fiscal 1997, Caring Communities' dollars provided 57 percent of funding to support communities' plans to improve the six core results, while 20 percent came from other state funding resources and 23 percent came from local investment.
Description:	<p>In November 1993, Governor Mel Carnahan called on Missouri to make the education, health, and well-being of Missouri's children the state's priority. To provide leadership for this endeavor, Governor Carnahan established the Family Investment Trust (FIT), a unique partnership of public- and private-sector leaders. He charged the FIT board with measurably improving results for children and families in Missouri through working better together and with communities. Missouri's vision is for children to have strong families and to live in communities where parents are working, and children are succeeding in school, growing up healthy, safe, and prepared to enter productive adulthood. Missouri's vision promotes collaboration and innovation, not the development of yet another program. Achieving this vision called for:</p> <ul style="list-style-type: none">• changing the way services are delivered by integrating them in neighborhoods closer to where families live and children attend school;• changing the way services are financed by pooling funds more flexibly across state agencies and communities and tying expenditures to results; and• changing the way decisions are made by involving neighborhood residents and community stakeholders in decisions that affect their well-being. <p>Caring Communities' programs offer latchkey programs, health services, immunizations, tutoring, mentoring, counseling, support groups, parent resource centers, neighborhood watch, summer enrichment, job fairs, job readiness training, employment counseling, family events, adult basic education, child care, preschool programs, and Parents-as-Teachers and child care provider training. A hallmark of the Caring Communities' approach is local control, with school and neighborhood councils designing programs and making decisions.</p>

The eighty-seven Caring Communities' sites are within eighteen community partnerships with the potential to impact about 60 percent of the state's population. Community partnerships serve as the parent board to the many Caring Communities councils in their region and support the councils by mobilizing resources, pooling funds, and addressing cross-cutting issues that require broader community solutions. They work to break through barriers and boundaries that interfere with the integration of human service and economic systems and resources. Community partnerships work with state agencies to set priorities and take sustained responsibility to achieve better results. Many of the community partnerships have chosen to team with state agencies to develop a comprehensive approach to welfare reform for their own community. This endeavor has included a comprehensive look at the needs of the welfare population that has validated the need for integrated services and supports. These initiatives have naturally included comprehensive studies of the available early childhood care and education services and plans have emerged to create comprehensive systems of care for young children in these communities.

Caring Communities has evolved from a pilot project in 1989 to a full-blown, cross-agency, systems reform effort. It has grown from one neighborhood and one school to eighty-seven of the highest risk neighborhoods in the state with community partnerships that can impact 60 percent of the state's population. Independent studies have shown that:

- more supports and services are available to families and children;
- services are those the communities want;
- services are more accessible to families;
- children are showing signs of improvement (in many Caring Communities' sites, attendance and immunizations increased, suspensions decreased, and test scores improved);
- community members have increased decisionmaking about services and supports; and
- communities are more aware of and are using more neighborhood services.

Progress is measured against a common set of eighteen benchmarks in the six core result areas through an independent evaluation. The rate of improvement in Caring Communities' neighborhoods has exceeded statewide rates in several areas, such as child abuse and neglect, juvenile crime, out-of-home placement, and hospitalizations because of injury. This is remarkable since Caring Communities are in some of the state's highest risk neighborhoods. This success is due to dedicated state leadership, a focus on results, innovative interventions employed by neighborhood design, and the responsibility communities are assuming to improve the well-being of their residents.

Contact(s):

Joan Solomon, coordinator, Caring Communities and School Improvement Initiatives, Missouri Department of Elementary and Secondary Education, 573/751-3168 (phone), 573/526-3580 (fax), jsolomon@mail.dese.state.mo.us (email).

includes a broad cross-section of parents, providers, licensing staff, and others interested in child care issues, including representatives from: the Child Care and Adult Care Food Program, welfare agencies, child care resource and referral agencies, Head Start, the state's child care associations, higher education, and local government. The council's role is to provide recommendations to the Montana Department of Public Health and Human Services for the Child Care and Development Fund. The council works through three subcommittees to develop recommendations: program policy, quality, and public policy.

Child Care Resource and Referral (R&R) Agencies provide a variety of child care services to local communities. R&R agencies assist all families in locating suitable child care through their comprehensive referral services. Parents will work with R&R agencies if they wish to apply for child care assistance. The R&R agency will determine eligibility for families and process payments for providers. R&Rs also sponsor a variety of child care workshops and training opportunities for providers, work in their communities to recruit new providers, and provide information and counseling to parents regarding quality child care options for their children.

Specialized training opportunities will be offered throughout the state in early childhood development for early care and education practitioners. Workshops, classes, and special incentive projects may assist providers in obtaining credentials, address community needs, or focus attention on a special interest area.

Merit pay awards are incentives for child care workers to increase their knowledge of early childhood development through continuing education. Merit pay participants must work a minimum of fifteen hours per week in a registered day care

home or a licensed center to be eligible for this incentive. Interested individuals may choose either a thirty-hour training track for a \$200 award or a sixty-hour training track for a \$400 award.

Child care provider grants are available to providers on a competitive basis each April for: odd hour or part-time care; rural care; infant/toddler care; inclusion of children with disabilities; lack of registered or licensed care; assistance in meeting licensing or registration requirements; before-and-after school care; and other community needs.

Montana Early Childhood Professional Development Center is part of the Montana State University Early Childhood Project. In December 1997, the project received \$68,000 from the department of public health and human services to create the center. The center will continue working closely with the Montana Early Care and Education Career Development Task Force, which includes representatives from child care resource and referral agencies, Head Start, early childhood associations, colleges and universities, schools, and state agencies. The task force has developed a state plan that addresses barriers to providing consistent high-quality care to children such as low compensation, high turnover rates, and fragmented training and education activities. The center's goal is to create a coordinated, comprehensive training and education system for early childhood practitioners and a user-friendly computerized database to manage key system components. The center will focus on improving salaries and other compensation for child care professionals.

In January 1998, approximately 700 families were on a waiting list for child care services. However, about half of those families are now being served because of savings realized from welfare reform in Montana. The \$5 million savings has been shifted to the child care budget allowing additional needy families, particularly single-parent families, to receive child care assistance from the state. Last year, more than 12,000 Montana families were given assistance by resource and referral agencies who worked diligently to match families with providers.

Contact(s):

Patti Russ, child care program officer, Montana Department of Public Health and Human Services, Child and Family Services Division, 406/444-0309 (phone), pruss@mt.gov (email).

State contacts: Linda Fillinger, 406/444-1828 (phone), and Randy Haight, 406/444-1839 (phone).

NEBRASKA

Child Care Licensing Program

Goal(s):	<ul style="list-style-type: none">• To improve licensing standards in order to protect children and assist parents in making informed decision about the enrollment and care of their children.
Target Population:	Licensed child care programs in Nebraska and individuals and organizations that are interested in developing licensed child care programs.
Funding:	\$434,601 from the state general fund and \$651,903 from the federal Child Care and Development Block Grant (CCDBG).
Description:	<p>Since 1943 Nebraska has had licensed child care programs. Over the years, the licensing statute has been amended to change the criteria for licensure, define duties of the state agency responsible for carrying out the licensing statute, and expand the options available to state agencies to address compliance with regulations and improve the quality of licensed programs.</p> <p>In 1978 two program components were established that remain in place today:</p> <ul style="list-style-type: none">• all licensed child care programs receive inspections, including family child care homes that are licensed through a self-certification process, every two years or less; and• all complaints involving allegations of license violations are investigated with an on-site, unannounced inspection. <p>In 1992 the legislature set forth in statute the framework for how Nebraska would spend the CCDBG for quality initiatives, including the expansion of the Child Care Licensing Program. The statute:</p> <ul style="list-style-type: none">• more than doubled the number of licensing specialists from twelve to twenty-five positions;• required inspections for all family child care programs licensed through a self-certification process within sixty days of the issuance of a new or renewal license (previously spot checks were to be completed on 5 percent of the total number of these programs each year);• established a \$250,000/year child care grant fund to help new programs pay start-up costs and to help established programs with expansion and assistance in meeting licensing standards; and• established two statewide committees to assist state agencies in the review of licensing regulations and ongoing oversight of the status of early childhood programs. <p>Since 1992 the Child Care Licensing Program has accomplished the following.</p> <ul style="list-style-type: none">• The job title (Child Care Resource Specialist) and job description for licensing child care centers has expanded to include consultation and technical assistance to child care programs as well as enforcement of licensing standards.• In 1995 the family child care home regulations were revised to prohibit spanking and other forms of physical punishment, prohibit smoking in the child care home when children are in the care, require lead-based paint abatement, require annual immunizations reporting to the state health authority, and require notification of the parents or the state health authority when an outbreak of communicable diseases occurs.

- The Nebraska Department of Health and Human Services will reimburse the tuition and travel expenses for licensed child care providers that complete a forty-hour management training course and provide child care for children whose families receive state subsidized care.
- Subsequent statutory changes have strengthened the licensing statutes. The following changes have been implemented by legislation with the support of licensed child care programs and unopposed by child care providers:
 - preservice training is required for all newly licensed child care programs;
 - in-service training is required for family child care home providers at the same level as child care center staff;
 - provisional licenses are issued to all newly licensed programs and are effective for one year;
 - probationary licenses are now an alternative when programs are out of compliance with licensing regulations;
 - the provision of illegal child care is a class D misdemeanor and each day in violation is treated as a separate criminal offense;
 - all child care programs licensed for thirty or more children will receive two unannounced inspections per year and programs licensed for fewer than thirty children will receive one unannounced inspection per year; and
 - nonexpiring licenses will be issued to all programs that hold an operating license.

The number of licensed child care programs has increased 18 percent since 1992, from 4,065 to 4,823 programs.

Contact(s):

Patricia Urzedowski, child care administrator, Nebraska Department of Health and Human Services System, 402/471-9431 (phone), 402/471-9455 (fax), dss0586@vmhost.cdp.state.ne.us (email).

NEVADA

Family-to-Family Connection

Goal(s):	<ul style="list-style-type: none">• To provide more and stronger linkages among new families, neighborhoods, and local organizations.• To improve the health and well-being of newborns and infants less than one year old through new baby centers, lending resource centers, and home and hospital visitations.• To build local capacity for early childhood services, resources, and opportunities.
Target Population:	All families with newborn babies and infants up to their first birthday. In the months since its inception, the state has seen close to a 50 percent participation rate. This rate will likely increase since the statewide media campaign began in May 1998.
Funding:	\$2.88 million in fiscal 1998 (\$2.5 million in state funds and \$380,000 from Medicaid and Child Care and Development Funds) and \$6.4 million in fiscal 1999 (\$5.6 million in state funds, and \$800,000 from Medicaid and Child Care and Development Funds).
Description:	<p>In the 1997 legislature, Governor Bob Miller proposed the Family-to-Family Connection program to support children within the family, especially those ages birth through age one, and families within their communities. The Governor structured the program around the following five key characteristics.</p> <ul style="list-style-type: none">• Voluntary. Allows parents to request early childhood assistance eliminates their concerns about state intrusion.• Universal. Offers early childhood services to all new families regardless of income makes the Family-to-Family Connection a program for all people and avoids the stigma often associated with government programs.• Locally-Based. Allows local community organizations to craft their own programs through block granted funds instills ownership in the program.• Family-Centered Service Delivery. Family-to-Family Connection recognizes the crucial role the family plays in child and community development. The expertise of parents is recognized through participation in planning at all levels of services. The family is the ultimate decisionmaker regarding what assistance they receive and what assistance is appropriate and available within their community.• People Helping People. Parents are encouraged to network and develop neighborhood support systems. New baby centers and lending resource centers provide locations for formal and informal family sharing activities. <p>When the state legislature approved funding for the program, Governor Miller forged a program that divided Nevada into thirteen Infant Support Districts (ISDs). These ISDs are administered and operated at the community level by local organizations. Within these ISDs, there are three types of services.</p> <ul style="list-style-type: none">• New Baby Centers. There are twenty-six new baby centers statewide. These centers provide early childhood information to parents, offer parent training classes and group discussions, and link parents to programs such as Head Start, child care, immunization clinics, and other resources.

- **Lending Resource Centers.** There are thirty-one lending resource centers statewide. These centers lend new families in need items such as cribs, playpens, toys, videotapes, highchairs, blankets, and printed material.
- **Home and Hospital Visitation.** All families with infants are eligible to receive a free home visit by trained home visitation staff. These visits are to provide support to families with infants and to provide information on infant care and community resources. This service is voluntary and open to all families with a newborn. Interestingly, the first home visit request was from a mother with a Ph.D. Even the most educated have questions.

Family-to-Family Connection strives to help:

- prevent child abuse and neglect;
- teenagers avoid repeat pregnancies;
- parents cope with the special medical needs of children;
- provide information about immunizations;
- stimulate and enhance child development;
- families nurture their child's development in the formative years; and
- connect parents to essential social services to alleviate poverty.

Contact(s):

Barbara Ludwig, project director, Family-to-Family Connection, 702/486-3530 (phone), 702/486-3533 (fax); or Ann Nelson, legal counsel, Office of the Governor, 702/687-5670 (phone).

NEW JERSEY

Early Childhood Program Aid

Goal(s):	<ul style="list-style-type: none">• To implement and maintain preschool, full-day kindergarten, and other early childhood programs in poor communities.
Target Population:	Children in the 125 school districts where the concentration of low-income students is either greater than or equal to 20 percent of the statewide population or greater than or equal to 40 percent of the school population.
Funding:	\$288 million annually from the New Jersey Department of Education.
Description:	<p>The Early Childhood Program Aid (ECPA) became law through the Comprehensive Educational Improvement and Financing Program (CEIFA), enacted as P.L. 1996, c.138. CEIFA establishes the procedures to implement and maintain preschool, full-day kindergarten, and other early childhood programs in poor communities. The 125 eligible school districts selected by the New Jersey Department of Education (DOE) will develop and submit five-year operational plans for early childhood programs. ECPA services will be in place by the 2001 – 2002 school year.</p> <p>ECPA provides for transition services for children and families to bridge gaps in service. Districts may contract with existing state-licensed, community-based early care and education programs. Services must be provided for all four- and five-year-olds before three-year-olds can be served.</p> <p>Since ECPA was announced early in 1997, DOE has worked with eligible school districts and in cooperation with the New Jersey Department of Human Services to implement the project. Licensed child care programs, including Head Start and the Unified Child Care Agency (UCCA) in each county, have been working together to avoid duplication. Districts are examining their early childhood education programs in the short and long term to meet the needs of low-income families. Staff members from eligible districts have attended conferences and workshops on early childhood care covering issues such as brain development, curriculum design, and staff planning. UCCAs are also facilitating meetings among service providers in their communities.</p> <p>A recent ruling by the Supreme Court of New Jersey, <i>Abbot v. Burke</i>, decreed that twenty-eight of the 125 school districts shall have half-day preschool for three- and four-year-old children by August 1999. This decision also has encouraged members of the private early care and education community to offer services and facilities for collaboration with some school districts.</p>
Contact(s):	Dr. Sue Saravalli, acting director, Office of Educational Support Services and Interagency Initiatives, New Jersey Department of Education, 609/292-5935 (phone), 609/633-6874 (fax), ssaraval@doe.state.nj.us (email).

Families And Children Early Education Services (FACES)

Goal(s):	<ul style="list-style-type: none">• To provide every child in New Jersey with access to services that are critical to a child's health and development.• To enlist a statewide planning process to help determine how current services for families and young children can be coordinated and expanded; to establish an initiative that encourages collaboration between the public and private sectors.• To create an implementation framework to provide the four comprehensive, integrated core services to all children over a number of years. The core services are quality child care, prenatal and health services, parental education, and literacy.
Target Population:	The population to be served is in school districts where the number of students who participate in the free lunch program equal 20 percent of the total district student population. The free lunch indicator reaches families at 130 percent of the federal poverty index. The principal mechanisms to provide the services are the early childhood challenge grants and the family resource center pilot program partnerships in the cities of Trenton and Vineland.
Funding:	The initiative is funded at \$100 million over five years, with \$10 million coming from state and federal funds, and \$10 million from a local match from school districts and community-based programs. The New Jersey Department of Human Services, the lead agency, cooperates with the departments of education and health and senior services.
Description:	<p>Governor Christine T. Whitman's administrations have been characterized by a strong commitment to programs and services for children in low-income working families. As more welfare recipients enter the workforce, the need for coordinated services will expand. Following the April 1997 Presidents' Summit in Philadelphia, planning began for the FACES initiative. FACES was announced by Governor Whitman and Rob Reiner, chair of the I Am Your Child public engagement campaign, on October 20, 1997, and the request for proposals (RFP) was issued later in the year.</p> <p>Proposals had to create an implementation framework to provide the four comprehensive, integrated core services of quality child care, prenatal and health services, parental education, and literacy. Twenty-six collaborations submitted proposals in the first year, and each included a school district as required by the RFP. Sixteen grants were awarded and ten applications were deferred for the second round of funding.</p>
Contact(s):	Ed Tetelman, assistant commissioner, New Jersey Department of Human Services, 609/202-1816, 609/984-7380, Etetelman@dhs.state.nj.us (email).

Accreditation and Scholarships

Goal(s):	<ul style="list-style-type: none">• To improve the quality of early childhood education through incentives for achieving accreditation or obtaining a Child Development Associate (CDA) credential.
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Target Population:	Any licensed center or registered family child care provider, and CDA candidates who complete their CDA program by September 30, 1998.
Funding:	\$91,000 in state and federal funds for the CDA scholarship program and an unknown amount for the reimbursement rate increase.
Description:	<p>In the past, the New Jersey Department of Human Services recognized accredited programs by issuing a certificate of recognition from the commissioner. Now the department increases the reimbursement rate for subsidized children at the center by 5 percent if the center or family day care home is nationally accredited. This has fostered increased interest in the process of accreditation, especially among providers who have contracts with the department to serve low-income families. The number of requests for information to national accreditation programs has increased substantially since Governor Christine T. Whitman announced the raise in reimbursement rates.</p> <p>The Interim Scholarship Program provides funds for early care and education providers to take courses leading to a Child Development Associate credential. A statewide mailing to all licensed child care centers and registered family child care providers notifies interested individuals of available funds. Eligible recipients must have incomes below 200 percent of the federal poverty level, and the maximum scholarship is \$300.</p>
Contact(s):	Dr. Edna Ranck, child care coordinator, New Jersey Department of Human Services, 609/ 984-0879 (phone), 609/984-7380 (fax), eranck@dhs.state.nj.us. (email); or Beverly Lynn, child care administrator, New Jersey Division of Family Development, 609/588-2163 (phone), 609/588-3369 (fax), blynn@dhs.state.nj.us (email).

Professional Development Center for Early Care and Education (The Center)

Goal(s):	<ul style="list-style-type: none"> To develop a comprehensive, statewide system of coordinated and accessible instructional opportunities for the professional development of early care and education practitioners.
Target Population:	Early care and education professionals including practitioners and administrators in center- and home-based programs, child care resource and referral staff, professors and college administrators, regulators, employers, and policymakers, as well as parents and the general public.
Funding:	\$400,000 from state and federal funds. The required 20 percent local match will come from the twenty-one unified care agencies (child care resource and referral agencies) in each county.
Description:	In 1993 the New Jersey Child Care Advisory Council established a professional development committee to design a plan for a statewide early care and education professional development system. The project, "Sow the Seeds for Growth," was presented and discussed throughout the early care and education community. More than 150 people provided input to the department of human services, and in 1997 the Professional Development Center for Early Care and Education was announced. It was established at Kean University in Union, New Jersey, in April 1998.

Contact(s):

The Center eventually will include an office of resource development and communication, an office of professional standards and articulation, and a clearinghouse of professional development resources to include a personnel registry and a directory of instructional resources. The Center will seek additional funds for special projects, including the Early Childhood Scholarship Program and the Early Childhood Program Accreditation Incentive. The steady expansion of the project has helped bring many stakeholders to the discussion table and has attracted substantial public and private funding.

Dr. Michael Knight, Early Childhood Department, Kean University of New Jersey, 908/527-2562 (phone); or Dr. Edna Ranck, child care coordinator, New Jersey Department of Human Services, 609/984-0879 (phone), 609/984-7380 (fax), eranck@dhs.state.nj.us (email).

NEW YORK

Child Health Plus

Goal(s):	<ul style="list-style-type: none">To provide comprehensive inpatient and outpatient health care services to low-income children who are not eligible for Medicaid and lack equivalent health care coverage, ensuring that all children have adequate providers of primary and preventive health care.
Target Population:	Children birth through eighteen years of age who are not Medicaid eligible and who lack equivalent health care coverage.
Funding:	\$157 million in fiscal 1997 and 1998 raised through a state tax levy. State funding will increase to \$207 million in fiscal 1999-2000 and an additional \$255 million is expected from the federal children's health insurance program block grant to further expand the program.
Description:	<p>Child Health Plus was created in legislation in 1990 to provide statewide outpatient coverage for children under thirteen. Administered by the New York State Department of Health, \$20 million was allocated for contracts with fifteen health insurers who provided coverage. The legislation also directed the commissioner of health to develop and implement a public education, outreach, and recruitment strategy. In 1993 the program was extended until 1995 with an annual allocation of \$60 million per year and an upper age limit of sixteen for coverage.</p> <p>In 1996 Governor George E. Pataki introduced and the legislature passed the Health Care Reform Act. This landmark legislation will provide an additional \$207 million over three years to expand the Child Health Plus program, providing inpatient and outpatient health care coverage to approximately 251,000 previously uncovered children. The benefit package was expanded to include inpatient care, and age eligibility was increased to eighteen. The legislation also provided for an expanded outreach campaign to ensure that all children eligible for either Child Health Plus or Medicaid are enrolled. Efforts are underway to ensure that insurers contracted to provide Child Health Plus coverage are also Medicaid managed care providers. Families losing eligibility for either program will be able to maintain insurance coverage without having to change insurance carriers or be forced to switch health care providers.</p> <p>In 1998 Governor Pataki has proposed and the legislature approved an expansion of the program to provide coverage to all uninsured children in the state and increase the benefit package to include dental, vision, speech and hearing services, and durable medical equipment. These changes will result in the primary care benefit package available through Child Health Plus to more closely match the services available through the Medicaid managed care program.</p> <p>Currently, children in households with gross incomes less than 120 percent of the federal poverty level receive coverage with no family contribution required. Children in families with gross incomes between 120 percent and 159 percent of the poverty level pay \$9 per month, per child, up to a maximum of \$36 per month. Families with gross incomes between 160 percent and 222 percent of the poverty level pay \$13 per month, per child, up to a maximum of \$52 per month. Families above these income levels can purchase Child Health Plus at a competitive rate, but</p>

	do not receive a premium subsidy. 1998 proposed legislation would expand eligibility ceilings and reduce premiums.
	During 1997, nearly 140,000 children received health insurance through this program. As a result of recent actions, nearly all of the 420,000 eligible uninsured children residing in the state will receive coverage for hospitalization and primary and preventive health care.
Contact(s):	Suzanne Moore, Ph.D, director, New York Bureau of Health Economics, 518/473-0566 (phone).

Earned Income Tax Credit

Goal(s):	<ul style="list-style-type: none"> To reduce the tax burden, supplement wages, and make work more attractive than welfare for low-income working families with children.
Target Population:	Low-income working families with children.
Funding:	\$300 million in lost state revenues.
Description:	<p>In 1994 New York implemented a state earned income tax credit (EITC) to combat falling wages for the growing number of working-poor families and to provide an incentive for families to move from welfare to work. The initial plan was to phase in the program over four years and ultimately reach a maximum level of 20 percent of the federal tax credit. In 1995, as part of his welfare reform legislative package, Governor George E. Pataki proposed and the legislature agreed to accelerate the phase-in period, moving immediately to the goal of 20 percent of the federal tax credit.</p> <p>More than 800,000 residents file for and receive the state EITC each year. The state EITC can bring low-income families an additional \$864 on top of their maximum federal credit of \$1,440 (for families of two or more children). The eligibility ceiling for the state EITC is the same as the federal program -\$25,760 for a family with one child and \$29,290 for a family with two children. Eligibility levels increase for more than two children.</p>
Contact(s):	Stephen Teitelbaum, deputy commissioner and counsel, New York Department of Tax and Finance, 518/457-3746 (phone).

State University Of New York Early Childhood Education and Training Program Video Resources Project

Goal(s):	<ul style="list-style-type: none"> To provide a series of video conference training programs to assist child care providers in meeting regulatory requirements for ongoing training and education.
Target Population:	Licensed, registered, and informal center-based and family child care providers.
Funding:	\$1 million from the Child Care and Development Block Grant for fiscal 1997-98.
Description:	New York has offered a variety of training and educational opportunities for child care providers for many years. However, past training efforts were unsatisfactory

because of tremendous variation in the quality of the training sessions, inaccessible training locations, a narrow range of training topics, and a focus on the training needs of entry-level providers.

To address these issues, in 1997 the New York State Office of Children and Family Services provided financial support to the State University of New York (SUNY) Early Childhood Education and Training Program to design and provide a series of video conferences on a variety of early childhood subjects. The purpose of the project is to assist child care providers in meeting their regulatory requirements for ongoing training and education. During 1997, nine separate video conferences were conducted covering a range of topics including parent provider communication, child abuse and maltreatment, children with special needs, discipline techniques, brain development, multicultural programming, children and violence, and managing children's aggression.

These live broadcasts feature a panel of state and national experts who present their knowledge and insights on child development issues. Co-trainers at each site guide and assist participants in formulating questions for the panel. The conferences are presented monthly in more than eighty-five locations statewide to an average of 3,500 participants. The program has installed a network of satellite dishes at child care resource and referral agencies and has entered into agreements with local departments of social services, SUNY colleges, cooperative extension satellite offices, and other sites to host the video conferences. The large number of training sites facilitates small group viewing in a widely dispersed population.

To ensure a coherent product, materials for on-site trainers and participants are developed centrally. A comprehensive program of telemeetings for on-site trainers further ensures the success of the video conference series.

The video conferences have been successful for several reasons. First, because the live presentation is conducted only once, state and national experts can conduct the training. This makes the training attractive to both entry-level and more advanced providers. Second, the use of on-site trainers allows for small group discussion and reinforcement of training information. Third, the multiple sites mean training locations are easily accessible to providers in urban, suburban, and rural areas of the state. Fourth, each training session includes materials for participants to bring home with them so that they can work on skill building after the session is over. Finally, each video conference is taped and made available to providers to view on their own or to supplement other training sessions.

The training program is provided free of charge to all participants.

Contact(s):

Suzanne Sennett, director, New York Bureau of Early Childhood Services, 518/474-5494 (phone).

Universal Prekindergarten Program

Goal(s):

- To provide four-year-old children in New York with universal access to high quality preschool programs to ensure school readiness and to enhance educational outcomes.

Target Population:

Four-year-old children in New York.

Funding:	\$67 million to support the first year of implementation during the 1998-1999 school year. \$500 million is proposed for full implementation by the 2001-2002 school year.
Description:	<p>Growing recognition of the impact that a high-quality preschool experience has on educational outcomes led the state legislature to establish the Universal Prekindergarten Program in 1997. Programs established under this legislation must be educationally based; promote literacy; meet the social, cognitive, linguistic, emotional, cultural, and physical needs of children; integrate preschool children with disabilities; and provide continuity with early elementary grades. Programs must provide support services, establish learning centers, ensure parental involvement, provide meals and snacks, and establish an assessment process to determine pupil progress and program effectiveness.</p> <p>The Universal Prekindergarten Program provides comprehensive preschool services to children of low-income families. A unique aspect of the initiative is that the programs must collaborate with eligible agencies, including providers of child care and early education and other community-based organizations. Universal Prekindergarten Program-participating school districts are funded according to a formula that provides a minimum of \$2,700 per child with additional funds added to that amount based on the relative needs of the district. Many of the programs funded through this initiative will operate in, or in conjunction with, child care centers to provide full-day, full-year services and meet the needs of working parents. A minimum of 10 percent of school district's funding must be set aside for collaborative efforts with eligible agencies.</p> <p>All school districts must establish prekindergarten advisory boards that include school board members, parents, community leaders, district teachers, and early care and education providers. Prekindergarten advisory boards must recommend to the state board of education whether the school district, in collaboration with eligible agencies, should receive funding for a prekindergarten program. The prekindergarten advisory board must hold at least one public hearing to obtain public comment regarding its recommendation.</p>
Contact(s):	Margaretta Fairweather, director, Child, Family, and Community Partnerships, 518/474-5807 (phone).

NORTH CAROLINA

Smart Start

Goal(s):	<ul style="list-style-type: none">• To ensure that every child in North Carolina has access to the critical developmental opportunities needed to begin school healthy and ready to succeed.
Target Population:	Smart Start is a statewide initiative targeting children ages zero to five and their families.
Funding:	\$97.4 million in state funds for fiscal 1997-1998. Since Smart Start began in 1993, more than \$30 million in cash and in-kind contributions have been received from the private sector. The proposed budget for fiscal 1998-1999 is \$157 million.
Description:	<p>Governor James B. Hunt, Jr. initiated Smart Start in 1993 as a comprehensive, community-based initiative. By investing in young children, the state expects a high return in improved quality of life, greater high school graduation rates, and enhanced tax revenues, along with long-term decreases in juvenile crime, welfare dependency, and teenage pregnancy.</p> <p>Smart Start began in 1993 with twelve local partnerships. Currently, partnerships are providing services in fifty-five of the state's 100 counties. The remaining counties are slated to begin services in 1998-99. At the local level, a private, nonprofit partnership runs Smart Start with board representation from social services, mental health and health agencies; Head Start; libraries; and schools, as well as from local elected officials, ministers, business leaders, child care providers, and parents. At the state level, the North Carolina Partnership for Children provides oversight for the local partnerships, sets policy, and maintains financial accountability for Smart Start.</p> <p>Each local partnership assesses the needs of children and families in their community as well as the resources and services already available. Based on this assessment, Smart Start develops a comprehensive plan, combining existing resources with program funding to create a communitywide continuum of services for children. While focusing on local needs, each plan targets three major areas of service implementation:</p> <ul style="list-style-type: none">• accessible, affordable, high-quality child care;• preventive health care for young children; and• family support programs. <p>Each plan is designed to use Smart Start funding as strategically as possible, leveraging other funds to meet its goals. Under state law, Smart Start must match 10 percent of its state appropriation with private funding. A total of 70 percent of Smart Start funds must be used for child care related activities — of that, 30 percent must be used on child care subsidies. Smart Start's success is based on collaboration and local accountability. Communities know best what their needs are, what resources are available, and what will work best to give young children a "smart start" in life. Communities use Smart Start funding to leverage local public and private resources. The promise of Smart Start is the creation of a comprehensive support system that will ensure children begin school healthy, alert, and motivated to succeed.</p>

One component of Smart Start is the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Scholarship program. The T.E.A.C.H. program offers scholarships to child care teachers who take courses in child development. When participants successfully complete their coursework, they get raises or bonuses. T.E.A.C.H. has helped reduce the turnover rate among teachers by 32 percent in participating centers.

The Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill evaluated Smart Start in 1997 and found the overall quality of child care had improved significantly in the first eighteen Smart Start counties. The following factors appeared to have the greatest impact on increasing the quality of child care in a county:

- the number of Smart Start quality improvement activities a child care center participated in;
- the closer the county was to being fully funded under the Smart Start formula; and
- the proportion of funding spent to enhance the quality of child care quality (as opposed to health services or family support programs).

Since Smart Start began in 1993, more than:

- 33,000 new child care spaces have been created;
- 50,000 children have received child care subsidies so their parents can work;
- 97,000 children have received early intervention and preventive health screenings;
- 100,000 children are now enrolled in higher quality child care programs; and
- 60,000 parents have received parent and health education.

Funding for the state's current fiscal year reflects expansion of Smart Start to all 100 counties. Fifty-five counties have received direct services funding, while the remaining forty-five counties received funds to plan for the coordination and delivery of services to children and families.

Contact(s):

Stephanie D. Fanjul, director, North Carolina Division of Child Development, 919/662-4543 (phone), 919/662-4568 (fax); or Karen Ponder, North Carolina Partnership for Children, 919/821-7999 (phone), 919/743-0320 (fax).

OHIO

Early Start/Learning, Earning, and Parenting (LEAP) Partnership

Goal(s):	<ul style="list-style-type: none"> To increase young parents' economic sufficiency and enhance children's early development.
Target Population:	Teen mothers with children below age three who are enrolled in Ohio's LEAP program.
Funding:	\$2.4 million in funding from the federal Temporary Assistance for Needy Families (TANF) grant for the Early Start program. An additional \$4 million in TANF funding is set aside for this project for state fiscal 1999. LEAP is supported through existing TANF allocations.
Description:	<p>Ohio's Early Start program continues the state's investment in prevention and early intervention by providing flexible funding to identify and support infants and toddlers who are at risk of child abuse, neglect, or developmental delay. Core Early Start services include child health and development screening; individualized family service plans; referrals and links to other service providers; service coordination and case management; family supports such as respite care and family literacy services; and home visits.</p> <p>Initiated statewide in 1989, LEAP is a mandatory program for all TANF recipients below age twenty who have not graduated or received their general educational development (GED) certificate. The program provides cash incentives (bonuses of \$62 per month) to improve attendance in school or GED classes. Individuals who fail to maintain good attendance lose \$62 per month (i.e., \$62 is deducted from their TANF grant). If the teen mother fails to comply with school attendance requirements after six months, the financial support for the needs of the teen and her child are removed from the grant. LEAP participants who graduate receive a \$200 bonus.</p> <p>The Early Start/LEAP Partnership is a joint effort of Ohio Family and Children First, the department of health, department of human services, and four local teams of partners. Implemented in March 1998, the project's key strategy will use intensive home visits to encourage young mothers to return to and/or stay in school and to help them understand the critical importance of holding their children and reading, singing, playing, and talking with them. Research suggests that what teens need most is one adult who gives them unconditional love and attention; the home visitor plays this mentoring role by working closely with the teen parent on a regular basis. During the first three months of enrollment in Early Start, the teen parent will receive weekly home visits, moving to a biweekly schedule for the next three months, and then to a monthly basis. The home visitor (or, in one county, a team consisting of a home visitor and the LEAP case manager) will work closely with the teen parent to:</p> <ul style="list-style-type: none"> identify small, incremental steps to take "one day at a time" to help the teen return to school or stay in school and graduate; and convey information about brain development in infants and toddlers so the teen understands early childhood development and how to create a caring, safe environment for their children.

	<p>Special efforts are being made at each site to engage the teen's participation in this new partnership. Home visitors and LEAP case managers have designed strategies to meet the teen on her terms, including having conversations at the mall, at the local drive-in, during visits to the Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic, etc. In those instances where the teen and her child are still living at home, special efforts are being made to engage other family members in supporting the teen parent and her child.</p> <p>The partnership effort is operational in four counties (two urban and two rural) and will serve an estimated 1,400 families with very young children. Early Start targets all families who have a child age three or below who is at risk of child abuse, neglect, or developmental delay. For this initiative, all LEAP teens with a child below age three are automatically eligible for Early Start.</p> <p>Allocations for Early Start are based on an average of \$1,200 per child, with additional dollars set aside for training and technical assistance. At the local level, families will also be supported through existing services such as immunizations, nutrition programs, parenting education classes, emergency services, vocational training, and GED programs. Early Start and LEAP case managers help the family make the appropriate connections to these services.</p> <p>Contact(s): Linda McCart, Ohio Family and Children First, 614/752-4044 (phone); Cindy Oser, Ohio Department of Health, 614/644-8389 (phone); or Jackie Martin, Ohio Department of Human Services, 614/644-6929 (phone).</p>
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Head Start/Child Care Partnership

Goal(s):	<ul style="list-style-type: none"> To expand the availability of comprehensive, quality, full-day, full-year care for children ages three to four whose parents desire services.
Target Population:	Children ages three to four whose family income is at or below 100 percent of the poverty level or who meet the income eligibility requirements for Head Start and/or subsidized child care.
Funding:	\$6 million from state general revenue funds from the 1996-1997 biennium budget. These funds were used to leverage additional Title IV-A and Title IV-F child-care funds. Priority for Head Start expansion dollars included in the 1998-1999 biennium budget was given to Head Start grantees who made a commitment to develop partnerships with child care providers. These new partnerships are supported through existing dollars for Head Start (both state and federal funds) and child care block grant dollars.
Description:	<p>Ohio's Head Start/Child Care Partnership is a joint venture of the Ohio Family and Children First Initiative, Ohio Department of Human Services, Ohio Department of Education, Ohio Head Start Association, and the Ohio Head Start State Collaboration Project. The goal of this joint venture is to design funding strategies that promote flexibility and community-based partnering to provide high-quality services to young children and a supportive environment to their families.</p> <p>Each of the initial twenty-five sites received complete flexibility in designing strategies that would meet the needs of their communities. A recent study of these sites groups the program models into four key strategies. In each model, Head Start</p>

provides the comprehensive services (i.e., health, nutrition, family support, and involvement).

- **Wrap-Around Model.** A child care program provides educational services at the Head Start site, both before and after the Head Start day. Head Start may provide some funds or the provider may receive child care funds or other monies, either from a state or local agency or from parent fees.
- **Shared Wrap-Around Model.** Provision of the child's educational experiences is shared between Head Start and the child care provider's staff. For example, Head Start may assign staff to the provider's classroom for part of the day with the provider staffing the classroom for the remainder of the day. Head Start may or may not provide funds to the child care provider. The child care provider also receives funding from other sources.
- **Family Day Care Model.** The Head Start program either sets up a new network of family day care homes or recruits existing licensed providers to become part of a network. The providers offer all the educational services in their homes, and receive training and support services from the Head Start program.
- **Blended Funding Model.** The Head Start program blends Head Start dollars with funds from other sources, providing full-day, full-year services using only Head Start staff and facilities. In this example, the partnership is strictly financial.

As other Head Start grantees and child care providers learned of the successes and benefits of partnerships, three other strategies emerged.

- **Resource and Referral Model.** The Head Start program, either in partnership with a local resource and referral agency or on its own, provides parents with a list of child care centers and family day care homes that might meet the family's needs. Parents may be provided with training about how to assess and choose a child care facility. Parents seek out their own child care for the portion of the day not offered by Head Start and parents assume the responsibility for payment.
- **Before- and After-Hours Head Start Model.** A child care center or family day care home provides educational services before and/or after the Head Start day. These services take place at the child care site with some communication between the two parties. Parents may pay for the child care portion of the day or Head Start may pay or some combination thereof.
- **Colocation Model.** Head Start may contract with a child care provider to deliver all of the educational services at the Head Start site and pay the provider for these services. The provider may also receive other funds to supplement the Head Start contribution.

The success of Ohio's Head Start/Child Care Partnership is based on the willingness of Head Start grantees and child care providers to work together to overcome differences and develop relationships of trust and respect. As a result, these joint ventures serve more than 6,200 children in full-day, full-year comprehensive programs.

Ohio's Head Start/Child Care Partnership is a statewide effort to enhance the quality of care for young children. To date, more than 5,770 children are being served in 258 joint, center-based programs, and more than 460 children are being served in 242 joint, home-based programs. By the end of the current budget biennium (June 1999), partnerships will be formed with an additional 114 center-

Contact(s):

based programs and sixty home-based programs to serve an additional 1,200 children.

Susan Rohrbough, Ohio Head Start State Collaboration Project, 614/752-4044 (phone); or Paul Fraunholtz, Ohio Department of Human Services, 614/752-6223 (phone).

OREGON

The Adult and Family Services “Focus on the Child” Training Program

Goal(s):	<ul style="list-style-type: none">• To raise awareness about child care quality and availability among Adult and Family Services (AFS) case managers and their partners.• To share ideas on helping families choose quality, dependable child-care.• To gather input from state agency staff and child care providers about problems relating to child care and determine how to solve them.• To clarify the roles of the multiple players in the state’s child care subsidy and regulation system.
Target Population:	AFS case managers, branch support staff, statewide operations managers, partner agencies concerned with child care issues, local child care resource and referral organizations, child care providers, the state’s Commission on Children and Families, and Head Start grantees.
Funding:	Resources within the existing budget of the AFS staff development unit paid for the creation of the training course and the presentation of the sessions statewide. Wherever possible, in-kind resources such as conference rooms and speakers were used to keep costs down. Less than \$1,000 of the agency’s child care funding was used for travel, substitute care so providers could attend, and consulting fees for early childhood development experts and other session presenters.
Description:	<p>Many families eligible for child care subsidies struggle to locate stable, quality child care, yet child care is essential for the continued success of Oregon’s welfare-to-work effort. To help families locate high-quality, affordable care, AFS developed a training session for agency staff and child care providers to raise awareness about barriers and improve responsiveness.</p> <p>Planning for the in-service training began in September 1997. To promote partnership and strengthen local linkages, training sessions included AFS branch workers and managers, local providers, and private and nonprofit partners. An AFS representative began each training session reiterating the commitment of the agency to promote high-quality, accessible child-care, and the expectation for case managers and other participants to become knowledgeable child care resources for their clients. The rest of the training featured information on early childhood development, presentations by experts, and discussion groups for networking and solving local child care problems. The planning committee envisioned the training sessions as a first step in a continuum of training that would eventually include parents to teach them to become effective child care consumers.</p> <p>As of February 1998, eleven sessions have been held, each with approximately forty attendees. Participants value the training, evaluating the sessions at 8.5 on a scale of 1 to 10. Anecdotal evidence shows strengthened child care partnerships at the local level and AFS case managers talking more effectively with clients about how to select quality child care providers. In many local service districts, the training sessions have evolved into planning sessions for parent education and training on selecting quality child care.</p> <p>Oregon has a history of success in bringing together local stakeholders to discuss problems facing low-income families and to formulate and implement solutions.</p>

Contact(s):	Child care is another area where the AFS strategy of empowering local communities will be effective. Michele Wallace, assistant manager, Adult and Family Services Field Services, 503/945-6841 (phone), 503/373-7492 (fax).
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The Child-Care Group-Home Development Project (or the “Infant-Toddler” Project)

Goal(s):	<ul style="list-style-type: none"> • To increase the supply of quality child care for infants and toddlers by 25 percent. • To help identify the barriers to increasing the supply of such facilities. • To develop recommendations for revisions to regulations that would increase the supply of care without negatively affecting its quality. • To identify the strengths and barriers of caring for infants and toddlers.
Target Population:	Family child care providers and members of the general public who are interested in running group homes that care for infants and toddlers.
Funding:	\$400,000 funded by the 4 percent “set-aside for quality and supply enhancement” from Oregon’s federal Child Care and Development Block Grant and the matching funds from the participating agencies.
Description:	<p>One continuing challenge faced by working families, particularly low-income ones, is finding safe, healthy, dependable care for infants and toddlers. This project was intended not only to help increase the supply of such care, but to identify the barriers providers face and determine the best ways to alleviate such obstacles.</p> <p>The project was a collaboration between Adult and Family Services, the Child Care Division of the Oregon Employment Department, the Child Care Resource and Referral Network, the Oregon Commission on Children and Families, provider resource organizations, the Oregon Child Development Fund, Portland State University’s Career Development Department, and individual child care providers.</p> <p>The project operated between June 1997 and December 1997 and was community based. Local collaborative planning groups in fifteen service districts wrote proposals for initiatives that were approved by a statewide steering committee. Operation of the project in each district was managed by a project coordinator who worked under the planning group.</p> <p>Local resource and referral agencies recruited providers using newsletters, support group meetings, and other mechanisms. People who expressed an interest in operating a group home could take advantage of technical assistance and financial incentives through the project. This included specialized training on infant and toddler care, mentors to support the providers, and help with the expenses of meeting group home requirements (such as remodeling, purchase of furniture and supplies, and inspection fees).</p> <p>Evaluation of the project is underway. Preliminary figures show that a total of fifty-nine group homes have been or are in the process of being added across the state. The number of new slots for infants and toddlers could go as high as 700. Results include family care providers who were willing to upgrade to group home status; existing group homes not previously caring for infants and toddlers that began to accept them; providers who left the business and returned to it; and new providers who joined the field for the first time. The short timeframe prevented some</p>

potential providers from bringing the facility up to the standards required for group homes. A longer project would probably have yielded even better results.

Another result includes forwarding suggestions for revising group home regulations to the Rules and Regulations Committee of the Child Care Division for consideration. Local project staff who worked with providers also obtained information about the advantages and disadvantages of caring for infants and toddlers. That information will be used to help educate people who are thinking of providing infant-toddler care. It will also help communities address the barriers that affect the supply of infant toddler care.

Contact(s):

JaNell Welker, project coordinator, Oregon Commission on Children and Families, 503/373-1283 (phone), 503/378-8395 (fax).

PENNSYLVANIA

The Early Childhood Education Linkage System Partnership

Goal(s):	<ul style="list-style-type: none">• To promote optimal growth and development during the early childhood years.
Target Population:	Any child in a child care setting. The program serves more than 275,000 children in Pennsylvania.
Funding:	\$709,658 from multiple funding streams. The Child Care and Development Block Grant supplies \$248,000 and the rest comes from state and federal funds through the department of public welfare.
Description:	<p>In January 1990, the Pennsylvania Department of Health began a partnership with the Pennsylvania Chapter of the American Academy of Pediatrics (AAP) to operate the Early Childhood Education Linkage System (ECELS). The program was conceived through a collaborative dialogue between the Pennsylvania Department of Health's Maternal and Child Health staff and AAP member Dr. Susan Aronson, the current director of the program. ECELS links local health professionals (known as health consultants) to child care programs to improve and enhance the health care, safety, and child development of children in these programs. Health consultants provide valuable information to child care providers and to parents to ensure that quality care is given according to the highest health and safety standards.</p> <p>ECELS provides a two-tiered consultation service to parents and child care providers. First, health professionals provide telephone consultations when children become ill or are in need of preventive care, such as physical exams, immunizations, or health screenings. Consultations include referrals of children to appropriate resources for health insurance, injury prevention devices, nutrition education, and emergencies. Second, health consultants provide assistance and referrals on a variety of health and safety issues, such as safe settings and environments for children, child development, and early childhood education.</p> <p>ECELS provides health and safety training for child care providers, state agency staff, and health consultants so that they can improve the safety and quality of child care for Pennsylvania's children. Child care providers and health consultants undergo frequent continuing education on child care issues and available community resources. Since its inception in 1990, ECELS has trained approximately 1,200 health consultants to provide consultation and technical assistance to child care providers. The program receives approximately 500 telephone calls per month on its toll-free line from child care providers, health consultants, and other health professionals.</p> <p>ECELS also developed and maintains a free lending library of audiovisual materials for health consultants and child care providers. The library provides resources for child care providers to increase their knowledge of factors that promote early childhood development. Other outreach activities include:</p> <ul style="list-style-type: none">• the recruitment and training of health consultants;• the development and distribution of self-learning modules and other print materials relating to health and safety training in child care centers;• the printing and distribution of a newsletter to 14,000 child care centers, health consultants, and other health professionals;

Contact(s):

- participation in other childhood initiatives, such as the state's Child Death Review Team and the state's SAFE KIDS Coalition; and
- marketing of the ECELS program to other states.

Roxanne Lepore, RN, child health nurse consultant, Pennsylvania Division of Maternal and Child Health, 717/787-7192 (phone).

PUERTO RICO

Boy Scouts for Low-Income Children: An After-School Program

Goal(s):	<ul style="list-style-type: none"> To instill young men with the values of moral character, community involvement, and personal fitness, in order to provide them with the tools to make ethical choices throughout their lives and achieve their fullest potential as young men.
Target Population:	500 boys, ranging in ages from seven to eighteen, who live in public housing communities.
Funding:	\$184,844 in state funds.
Description:	<p>In conjunction with the Boy Scouts of America, Puerto Rico chapter, 500 young boys from twenty-five housing projects attend after-school programs from 3:00 p.m. to 6:00 p.m. State funding is used for uniforms, snacks, leader wages, transportation, and summer camp.</p> <p>Focusing on prevention, a trained leader from the local community works with the boys, teaching them life skills in decisionmaking, environmental awareness, and drug and alcohol abstention. The program also fosters responsibility awareness on issues such as domestic violence, child abuse, and other social ailments. Boy Scouts are taught the importance of community involvement through activities such as reforestation, volunteering, and civic duty.</p> <p>The project attempts to foster family unity through community involvement in learning activities. Positive results are exemplified through increased school performance and active community participation.</p>
Contact(s):	Dr. Mario Acevedo, administrator, Socioeconomic Development Administration, Puerto Rico Department of the Family, 787/721-6648 (phone), 787/722-4605 (fax).

“Madrinas Escolares” (Godmothers for School Children)

Goal(s):	<ul style="list-style-type: none"> To prevent absenteeism, truancy, and idleness of school-aged children in public housing developments by providing support services guiding them to academic success through mentoring, behavior counseling, and community involvement.
Target Population:	School-aged public housing residents (approximately 5,967), 2,000 of which have been identified as being at risk of truancy.
Funding:	\$33,750 in state funds.
Description:	<p>“Madrinas Escolares” started as a pilot program in 1996, after a visit by Governor Pedro Rosselló to a public housing complex where a large number of school-aged children were truant. The Governor expressed interest in developing strategies to promote school attendance.</p> <p>The Puerto Rico Socioeconomic Development Administration, Department of the Family created this pilot project, which consists of twenty-six volunteers who devote part of each day improving school attendance within their community.</p>

	<p>Special attention is given to children identified as potential dropouts. The “godmothers” visit the home daily, and if necessary, help clothe and feed the child and ensure that the child arrives in the classroom. The godmothers wait at the end of the day to take the children to after-school activities, which includes a tutoring program. Should social problems be present in the child’s family, the godmother makes a referral to the school counselor or local social worker.</p> <p>The program has a success rate of 92.5 percent for the 200 children served this year. As a result, the children’s attendance, grades, and self-esteem have increased. For parents, the program has furthered their sense of security in knowing that their children are safe and in school. The program’s success can be attributed to the collaboration between the departments of education and the family, and the public housing administration.</p>
Contact(s):	Dr. Mario Acevedo, administrator, Socioeconomic Development Administration, Puerto Rico Department of the Family, 787/721-6648 (phone), 787/722-4605 (fax).

Our Children First Child Care and Development Centers

Goal(s):	<ul style="list-style-type: none"> • To coordinate the efforts of all groups in society (family, church, government, and private sector). • To provide for children’s basic needs in an efficient and timely manner. • To promote the establishment of child care and development centers in all government agencies to provide optimal care for employees’ children.
Target Population:	Children from zero to age five.
Funding:	Federal Child Care Development Block Grant, State, and private sector funds.
Description:	<p>Aware of the importance of healthy child development, Governor Pedro Rosselló created the Our Children First Congress. It includes representatives from thirteen government agencies, as well as members of the community who are appointed by the Governor. The first initiative, Executive Order OE-1997-29, encourages government agencies to establish Our Children First Child Care and Development Centers. Eligibility for the centers requires:</p> <ul style="list-style-type: none"> • parents to work full time in a government agency; • children to be between the ages of zero and five; and • active parent participation in center activities. <p>Parents are required to enroll in parenting classes, provide voluntary services, and pay a minimal amount for special activities.</p> <p>The first of these centers was inaugurated on July 24, 1997, in the Governor’s Fortaleza,” and serves the children of the Governor’s Office employees. The center has three classrooms for six infants, fifteen toddlers, and fourteen preschoolers. The center operates from 7:00 a.m. until 6:00 p.m. with fourteen full-time employees.</p> <p>The center’s curriculum was developed based on the principle that every individual builds her or his own intellectual world through spontaneous social interaction. The</p>

Contact(s):

children are encouraged to explore and discover, which allows the caregiver to identify strengths and address developmental needs at an early age.

Jennifer L. Garity, advisor to the Governor on social welfare, Office of the Governor, 787/721-7000 (phone), 787/721-5336 (fax), jgarity@fortaleza.prstar.net (email).

TENNESSEE

Early Childhood Training Alliance

Goal(s):	<ul style="list-style-type: none">• To establish a statewide, systematic training and professional recognition system to support and enhance the quality of early childhood education personnel in Tennessee.
Target Population:	The early childhood workforce, including child care directors and teachers in centers and home settings, which is an estimated 13,000 to 18,000 full- and part-time staff.
Funding:	\$677,319 from the Child Care and Development Block Grant to fund six sites that cover most of the state.
Description:	<p>There are an estimated 2,700 licensed child care centers and 2,500 licensed or registered child care provider homes in Tennessee. The Tennessee Early Childhood Training Alliance (TECTA) is a statewide system predicated on the belief that all early childhood education program personnel must acquire professional knowledge and skills to provide appropriate care and education for young children. This is necessary to provide for the health and safety of young children and for their optimal physical, social, and educational development.</p> <p>Research shows that quality early childhood education programs play an important role in preparing children to enter school ready to learn and in supporting workforce participation by families. Teaching and administrative personnel, with whom young children spend a significant portion of their formative years, are the key determinants of quality programs. These early childhood professionals also provide parents and other family members with counseling and training to support them in their responsibilities.</p> <p>The TECTA statewide system provides substantial numbers of early childhood professionals with accessible and affordable training. This can be documented through a statewide database that provides individuals with professional recognition. The Tennessee Board of Regents and the Tennessee Department of Human Services recognize the TECTA statewide system as credible. The training includes knowledge and skills defined by TECTA based on national professional early childhood education standards as described by the Council for Early Childhood Professional Recognition. The statewide system also provides professional recognition and efficient articulation between certificate, diploma, and degree programs. College credit is available and required for all training levels of the TECTA system. Individuals can receive academic credit for training after they meet the admission standards set by the Tennessee Board of Regents (TBR).</p> <p>Tennessee State University, through a contract with the department of human services, provides management, training, and technical assistance for the development and maintenance of the TECTA statewide system. This collaborative effort includes support for the TECTA steering committee, program subcommittees, and a quality assurance subcommittee.</p> <p>TECTA is the first statewide, early childhood training and professional recognition system in the nation that is administered by a higher education system. TBR has forty-six institutions including twenty-six vocational schools, fourteen community</p>

	colleges and technical institutes, and six universities. TBR institutions enroll approximately 260,000 students, and it is the tenth largest higher education system in the nation.
	The TECTA system provides substantial improvement and access to quality early childhood education programs by providing systematic, affordable early childhood professional training for teachers and administrators in those programs. The TECTA system requires thirty hours of basic entry-level training for all individuals without formal early childhood training who currently work with young children or wish to enter the early childhood education field. The system then provides nine academic hours of advanced basic training to achieve the next level of professional development. Clinical site practicum experiences, mentoring programs, specialized training programs, and advanced training programs are also included.
	Since the program's inception in 1993, 1,905 early childhood providers have received training through the TECTA system and attained 5,487 academic credits.
Contact(s):	Brenda Ramsey, director, Child Care Services, Tennessee Department of Human Services, 615/313-4778 (phone), 615/532-9956 (fax).

Families First Council Child Care Grants

Goal(s):	<ul style="list-style-type: none"> To increase the supply of child care statewide through the expansion of spaces, hours, and days of operation.
Target Population:	Families eligible for child care subsidies.
Funding:	\$3.8 million over a two-year period from the Child Care and Development Fund. Each of Tennessee's ninety-five counties received \$40,000 grants.
Description:	<p>As a part of Families First, Tennessee's welfare reform program, each of the state's ninety-five counties has a local Families First Council. The state statute required that each volunteer council be comprised of 60 percent employers and include a community religious leader, a low-income advocate, a Families First participant, and the department of human services area manager for that county. Councils assist Families First participants in moving from public assistance to self-sufficiency and provide local businesses with information about the progress of the Families First program.</p> <p>One of the first assignments of the councils was to award the \$40,000 child care grants. Each county conducted a local child care needs assessment and designed a plan for the grant that addressed its gaps in services. Many grants went to expand the availability of evening and weekend child care, sick care, and infant and toddler care. Grants also were awarded for proposals that expanded traditional hour spaces, improved facilities and equipment, and helped meet licensing requirements. In the process of awarding the grants, the councils became more knowledgeable about local child care issues and have become child care advocates for their community.</p> <p>Through the expansion of existing facilities and the creation of new facilities, 6,731 spaces have been created as of June 23, 1998, using \$2.9 million of the \$3.8 million available. The following examples illustrate some programs the grants have funded.</p> <ul style="list-style-type: none"> In Cocke and Houston County, the grants funded collaboration with the local Head Start program. Cocke County expanded full-time child care to twenty

Contact(s):

Head Start children. Houston County has provided wraparound full-time care for forty-five children.

- Sullivan County created twenty-five to thirty-five new spaces for Saturday child care.
- Morgan County opened a new child care facility in a low-income area that serves sixty children.
- Roane, Rhea, Crockett, Blount, and Davidson Counties expanded infant and toddler child care availability by a total of ninety-eight spaces.
- Giles County developed fifty spaces of twenty-four-hour care.
- A portion of Anderson County's grant went to providing child care services for teen parents.
- Madison, Montgomery, Overton, Grundy, and Dekalb Counties had portions of their grants serve children whose families work the second shift, creating a total of ninety-six spaces.

Brenda Ramsey, director, Child Care Services, Tennessee Department of Human Services, 615/313-4778 (phone), 615/532-9956 (fax).

UTAH

Utah Families are Everybody's Business

Goal(s):	<ul style="list-style-type: none">• To encourage and support the development of work/life strategies within Utah businesses.• To help employers understand how work/life issues affect their ability to recruit and retain workers.• To illustrate the cost of reduced productivity and absenteeism because of work/life issues.• To create public-private partnerships that foster environments where families can successfully balance work and family responsibilities.
Target Population:	Utah employers.
Funding:	The Utah Office of Child Care's work/life budget is approximately \$22,500. This money is part of the quality Child Care and Development Fund (CCDF) used to support the office.
Description:	<p>In 1996 the Utah Office of Child Care (OCC) developed a comprehensive employer education and outreach initiative called "Utah Families are Everybody's Business." When the office was integrated into the Utah Department of Workforce Services in 1997, a new position was created to carry out the initiative's mission, which is to help employers develop work/life strategies that encourage families to balance their work and life responsibilities.</p> <p>The publication <i>Utah Families are Everybody's Business</i> provides an overview of child and dependent care options and a step-by-step guide for employers to begin addressing these issues. The outreach initiative also has technical assistance papers that give more specific information on the following topics:</p> <ul style="list-style-type: none">• flexible work arrangements;• school-age child care;• information and education services;• short-term child care;• dependent care financial assistance;• creating a collaborative work/family program;• on- or near-site child care;• elder care;• family child care;• employer liability (under development); and• resource rooms/libraries. <p>If appropriate, the office's work/life specialist will address small or large groups. The presentation complements the written materials and highlights national and local research and practice. Employers who would like information on work/life issues have access to the child and dependent care survey, presented in either English or Spanish. The survey provides both a summary and a detailed analysis, and it is an excellent resource for employers to use in the decisionmaking process. The survey is free to Utah employers.</p>

In August 1997, the office of child care facilitated a number of meetings among employers to help them analyze and support work/life initiatives. As a result of these meetings, the Decker Lake Employer Collaborative was created. The collaborative continues to meet to discuss how it can collectively address the work/life needs of the workforce. A strategic planning meeting in March 1998 identified the objectives of this collaborative for the coming years. The collaborative is currently exploring on- or near-site child care options and the possible use of a national vendor.

In January 1998, the Office of Child Care began surveying state of Utah employees, the largest employer in Utah. The goal is to develop work/life initiatives that address the needs of state employees. All state employees have had the opportunity to complete this survey. Surveys are sent to OCC for data entry and analysis. Phase one, data collection and analysis, was completed July 1998. Phase two, presentation of survey results, recommendations, and development of pilot projects, has already begun in key state agencies.

The ultimate goal is to create a five-year plan for the implementation of work/life strategies from child care to elder care.

Contact(s):

Lynette Rasmussen, Utah Office of Child Care, 801/526-4342 (phone), 801/526-4349 (fax), wsadmpo.lrasmus@state.ut.us (email).

VERMONT

Reaching Out: Supporting Working Families and Their Children

Goal(s):	<ul style="list-style-type: none"> To support working families with children in balancing their roles as employees and parents.
Target Population:	Services are available to working families statewide. Approximately 22,000 families participate.
Funding:	\$22 million funded jointly by the Vermont Department of Social Welfare, using Temporary Assistance for Needy Families (TANF) and general fund revenues, the Vermont Starting Points Initiative, Vermont corporations, and the Vermont Department of Social and Rehabilitation Services.
Description:	<p>Under the leadership of Governor Howard Dean, M.D., Vermont has developed a set of comprehensive, community-based services to support working families and their children. Elements of this service system grew from Vermont's welfare restructuring program, as well as the early childhood Success by Six initiative. Critical components of the approach include the following.</p> <ul style="list-style-type: none"> Comprehensive family service plans for families needing extensive support. Through welfare restructuring, all parents receiving TANF assistance are eligible to have a case manager work with them to develop and implement a family service plan that identifies career goals and services to meet their needs as parents. Other low-income working parents have access to the same case management support through parent-child centers, the department of health, or the department of social and rehabilitation services. Family-Friendly Work Places. In conjunction with the child care fund of Vermont, Governor Dean sponsored the Child Care Honor Roll, which is published annually in <i>Vermont Business</i> magazine. The honor roll identifies six critical elements of family-friendly workplaces and encourages businesses to self-nominate and work toward implementation of all areas. Health Insurance for Working Families. In addition to extending Medicaid for parents who move from welfare to work, Vermont developed the Vermont Health Access Program, which provides health insurance for parents earning up to 150 percent of the poverty level. This meshes well with the state's Dr. Dynasaur program, which provides health care coverage for children from birth to age eighteen living with families earning up to 225 percent of the poverty level. Child Care Quality. To help working parents find and pay for high-quality child care, Vermont has instituted a statewide, community-based system of child care eligibility determination and quality improvement. Parents have access to resource and referral services, parenting classes, and tuition assistance. Providers have access to intensive training for quality improvement. The Starting Points Initiative has created clusters of family day care homes (often the care of choice for families with very young children) that are linked with center-based programs and local schools. Professional Development. To ensure that working parents have ongoing opportunities to improve their skills and move up career ladders, Vermont has opened its high schools and vocational centers to all adults wishing to improve

their skills. The statewide system of community colleges provides a next step for additional training and career advancement.

Contact(s):

Cheryl Mitchell, Vermont Agency of Human Services, 802/241-2220 (phone), cherylmi@wpgate1.ahs.state.vt.us (e-mail); or Krissy Pisanelli, Office of the Governor, 802/828-3333 (phone), kpisanelli@gvr.state.vt.us (e-mail).

WASHINGTON

Families That Work

Goal(s):	<ul style="list-style-type: none">• To provide state-level direction, leadership, and support to establish and strengthen local collaborative efforts.• To provide services within a family support context, focusing on family-based assistance and integration with child care, preschool, and the elementary and secondary education systems to assist the total family unit.• To use integrated work and learning strategies to develop skills.• To develop responsive systems that reflect work skill development and family growth.
Target Population:	Temporary Assistance for Needy Families (TANF) recipients with the greatest barriers to successful job employment and retention are the initial target population. As system infrastructures are established in local communities, the expectation is that additional welfare recipients and other low-income working families will become involved.
Funding:	\$750,000 in state funds, which leverages additional local and federal funds. An estimated \$75,000 per site is necessary to cover the costs of direct participant service. An additional investment of approximately \$40,000 over two years will be required to support the creation of local infrastructure.
Description:	<p>The Families That Work initiative retools a well-established and very successful state-funded family literacy model to meet community and individual employment needs. It builds partnerships at the state and local levels to integrate and coordinate systems and improve service delivery. Current and former welfare recipients and other low-income working families receive work skills and family support services to secure and retain employment.</p> <p>This systems integration initiative began in 1997 with the implementation of the state's welfare reform effort, WorkFirst. The goals of Families That Work parallel the design of WorkFirst by strengthening natural partnerships at the state and local levels and facilitating the brokering of local community resources. Local collaboration is critical for the successful connection between training, education, and the goals of WorkFirst.</p> <p>The statewide community and technical college system implements the initiative at the local level. Colleges will coordinate an intentional, integrated curriculum that incorporates work skill development, adult basic education, parenting education, and child care. The curriculum is evolutionary and responsive to each student's progress. In this environment, an individual can prepare for employment and learn to balance work and family responsibilities effectively.</p> <p>Currently there are twenty-three, state-funded Even Start family literacy sites across the state participating in this effort. Approximately twenty to thirty individuals and families will be involved initially at each site. Participation is expected to grow to 750 to 1,000 annually as programs expand to thirty-six sites with funding availability over the next two years.</p>

Families That Work will do the following.

- Improve a participant's ability to get and keep a job that provides a living wage through instruction in basic work skills. Instruction covers preemployment skills such as resume writing and interviewing, basic computer skills, teamwork, organizing skills, time management, communication and conflict resolution, and use of community resources.
- Increase literacy through basic education course work such as General Educational Development (GED), reading, writing, math, tutoring, English as a second language, and/or citizenship.
- Provide quality child care/preschool opportunities for children.
- Provide parent education and family support. Curriculum topics for parent education include child development, positive discipline, family organization, time management, communication, conflict resolution, budgeting, and use of community resources.
- Create a bridge between parent education curriculum and "real life" by providing opportunities for parents to directly apply concepts in their child's care or school setting, as well as in the home.
- Close the current gaps in community support infrastructure by building collaborative partnerships that clearly define roles and share targeted resources.

Statewide evaluation, a key element of the initiative, will be coordinated at the state level.

Contact(s):

Israel Mendoza, director, Office of Adult Literacy, 360/753-3662 (phone), 360/664-8808 (fax), imendoza@sbctc.ctc.edu (e-mail).

Work-Based Learning Initiative

Goal(s):

- To assist low-income parents with child care expenses while they complete a "work-based learning" training program that supports wage progression.

Target Population:

Eligible families who need child care when they are participating in training activities. These are families with incomes at or below 175 percent of the federal poverty level who work at least twenty hours per week.

Funding:

\$2 million from state funds for tuition waivers for the 1997-1999 biennium. The Washington Department of Social and Health Agencies (DSHS) estimates spending an additional \$2 million from the Child Care and Development Fund for child care subsidies during the same period.

Description:

According to the Washington State Board for Community and Technical Colleges (WSBCTC), work-based learning is designed to connect learning in the workplace with learning in the classroom. Examples of work-based learning include cooperative education, internships, clinical practicums, and other strategies where the students' work and classroom instruction are integrated. In April 1997, the WSBCTC received \$2 million for tuition waivers in recognition of the role education plays in wage progression. Under Washington's welfare reform program WorkFirst, wage progression refers to moving low-wage workers into better jobs with higher wages.

Working in partnership with the WSBCTC, DSHS will support income-eligible families with child care subsidies when they participate in training. This partnership

	<p>amends previous policies that restricted child care subsidies for low-income employed families to when they were working. Since the Work-Based Learning Initiative combines work and learning, many participants were previously ineligible for child care assistance.</p> <p>The initiative has been implemented statewide and affects child care subsidy authorizations in public assistance offices with a community or technical college in the vicinity.</p>
Contact(s):	Rachael Langen, WorkFirst Division, Washington Department of Social Health Services, 360/413-3209 (phone), 360/413-3482 (fax), langera@dshs.wa.gov (e-mail).

Children's Village

Goal(s):	<ul style="list-style-type: none"> • To increase families' access to health, education, and social services by providing a one-stop facility for all children with special health care needs, regardless of income, in central Washington. • To improve the quality of health services by increasing the coordination of health, education, and social services and increasing the level of collaboration among providers. • To improve the health status of children and families by improving the physical well-being of children with special needs, improving families' capability to care for their children, and increasing the level of everyday functioning of children with special health care needs.
Target Population:	All children, regardless of income, from birth to age twenty-one, residing in the greater central Washington area, with special health care needs. The Washington State Department of Social and Health Services defines children with special health care needs as children "who have or are at risk for chronic, physical, developmental, behavioral, or emotional conditions, and who require health and related services of a type and amount beyond that required by children generally."
Funding:	\$5,355,398 raised through a capital campaign for the development and construction of the Children's Village. Of this amount, more than \$3.4 million was contributed by central Washington residents. The balance was raised through foundation grants. Each of the participating agencies operates programs and services that are funded through a variety of sources, including state, federal, and private funds.
Description:	Yakima Valley Memorial Hospital (YVMH) spearheaded the development of the Children's Village in March 1993, in response to the frustration of families trying to coordinate the multiple appointments needed by their children with special health care needs (CSHCN). YVMH surveyed seventy-five families of CSHCN and fifteen key service providers about the organizational barriers to providing health care. Families and service providers discussed the frustration of traveling to multiple sites and completing similar forms. In addition to a lack of coordinated care, service provision to families in central Washington is greatly compromised given the region's rural geography, diverse ethnic population, and high poverty and unemployment rates. The lack of both primary care physicians and specialists in the area often forces residents to delay care until health emergencies arise, and then they must travel to Seattle for specialty care.

In September 1993, service providers and parents of CSHCN began to meet monthly in task forces and committees to plan the Children's Village. On October 20, 1997, the Children's Village opened its doors as a "child-friendly" health care facility. The Children's Village is an integrated rural health network comprised of the fourteen member and partner agencies. Each agency provides services for CSHCN and their families and occupies clinical and administrative space on a full- or part-time basis. Because the capital campaign funded the cost of the land and facility, only operational costs of personnel, equipment, supplies, and utilities are charged to the participating agencies. The integrated services model approach ensures a seamless system of delivery of care for the CSHCN and their families and cost efficiencies for the participating agencies. Although targeted at families residing in the greater central Washington geographic area, the Children's Village is open to all children in Washington who need special health care.

Coordinated services are provided to children with special health care needs through the colocation of health, education, and social service providers in a single facility. Providers are able to integrate health services via four activities. First, providers conduct assessments in which children are simultaneously evaluated by multiple providers. Second, providers attend multidisciplinary team meetings to devise comprehensive treatment plans. Third, resource coordinators develop individualized family service plans that outline treatment. Fourth, providers enter evaluation and assessment data in the Children's Village information system, and these clinical data are accessible to all Children's Village providers. By providing integrated services in one highly publicized facility, providers ensure families' access to early intervention and preventive care.

Specific services include medical, dental, and mental health services; early childhood education and assistance programs; therapeutic child development and crisis nursery services; occupational and physical therapy; resource coordination and intake/registration; speech and language therapy; child and family counseling; specialty clinics; and a resource library open to families and the community.

The first-quarter statistics indicate that 186 clients per month received services, with more than 1,962 incidents per month.

Contact(s):

Sandy Nelson, EPIC, 509/248-3950, ext. 15 (phone), 509/457-0580 (fax),
Sandy_Nelson@efcom.com (e-mail).

WEST VIRGINIA

The Apprenticeship for Child Development Specialist

Goal(s):	<ul style="list-style-type: none">• To increase the supply of well-trained early care and education practitioners for working families in West Virginia.• To increase the availability of training to those who work with young children and their families, including Head Start, child care, and public and private preschool programs.• To create a sense of professional identity for early care and education practitioners.• To support further education of nontraditional students with a specially tailored learning environment.
Target Population:	Potential child care providers.
Funding:	\$1,250 per class for instruction and supplies. The program is primarily funded through the Child Care and Development Fund and the Carl Perkins Act's single parent/sex equity grants. Additional grants have been secured through the Claude Worthington Benedum Foundation, Head Start, and the Center for Early Care and Education at Wheelock College in Boston, Massachusetts.
Description:	<p>The Apprenticeship for Child Development Specialist (ACDS) program began to offer comprehensive training to practitioners in early care and education in 1989. The program combines classroom instruction with on-the-job experience, involving participants in meaningful experiences with children as they practice the concepts they learn in the classroom. Apprentices must be of legal working age, of good moral character, and have a high school diploma or equivalent. They must also maintain a minimum of twenty hours per week of on-the-job training in an early childhood program that is registered with the West Virginia Bureau of Apprenticeship and Training.</p> <p>Apprentices who satisfactorily complete all four semesters of related instruction and 4,000 hours of on-the-job training receive the nationally recognized credential of Child Development Specialist from the U.S. Department of Labor. This program certificate has been approved by Head Start to be used in lieu of the Child Development Associate (CDA) credential for Head Start workers in West Virginia. Through agreements between eight West Virginia community colleges and the West Virginia Bureau of Apprenticeship and Training, apprentices who complete the program may apply for twenty-eight to thirty-three college credits toward an associate degree in occupational development with an early childhood specialization.</p> <p>Program instructors have at least a four-year degree in education or a related field, experience in teaching, and have completed a five-day instructors' academy. To maintain their current teaching status, instructors must also attend an instructor update seminar every other year.</p> <p>The West Virginia Bureau of Apprenticeship and Training is the certifying agency for the ACDS program. River Valley Child Development Services, a local early care and education agency, manages the program statewide, while local vocational/technical schools provide space and in-kind support. There is an ACDS program state executive council and local councils are in each registered county.</p>

	<p>Approximately 500 participants throughout the state have completed the ACDS program and an additional 500 have been involved in training. Thirty-five of West Virginia's fifty-five counties have registered sites for participation in the ACDS program.</p> <p>Through a grant from Head Start to the Governor's Cabinet on Children and Families, the ACDS program can expand early care and education training and work experience opportunities to Temporary Assistance for Needy Families (TANF) recipients. The grant also provides for the expansion of the ACDS program into three unserved counties and to expand training to family child care providers. The program recently piloted a pre-employment training project for TANF recipients through a collaborative arrangement with the National Association for the Advancement of Colored People (NAACP). Ten TANF recipients completed one semester of the program; three of these recipients have been employed in child care settings and are currently enrolled in the second semester of the program.</p> <p>Through participation in the program, practitioners receive training and credentialing at little or no personal cost, state and national recognition, probable wage increases, an opportunity to receive college credit for nontraditional training, and a means to continue college-level training. Thousands of children and families throughout the state receive the benefits of high-quality services from well-trained providers.</p>
Contact(s):	<p>Kimberly Veraas, coordinator of early childhood initiatives, Governor's Cabinet on Children and Families, 304/558-1954 (phone), 304/558-0596 (fax), cabinet@citynet.net (e-mail).</p>

Challenge Grant Partnership

Goal(s):	<ul style="list-style-type: none"> To assist Head Start and other low-income families in understanding West Virginia Works, the state's welfare program, to facilitate their transition from welfare to economic self-sufficiency.
Target Population:	<p>7,000 Head Start families throughout West Virginia as well as other low-income families in the state who will attend community-based informational meetings held as a part of the overall workplan.</p>
Funding:	<p>\$10,000 from the National Head Start Association.</p>
Description:	<p>In June 1997, the West Virginia Head Start Association, the West Virginia Department of Health and Human Resources' (DHHR) Office of Family Support, the West Virginia Welfare Reform Coalition, and the Governor's Cabinet on Children and Families collaborated to apply for a National Head Start Association challenge grant. The grant's purpose was to assist families in responding to the effects of welfare reform. Head Start families remained confused about the implications of the state's welfare program, West Virginia Works, even after meeting with DHHR staff to initiate the transition process from welfare to West Virginia Works. For some families, the transition would require ongoing support and guidance from all possible resources in the community.</p> <p>Representatives from the four partner organizations formed a Partnership Steering Committee to direct the work of the initiative, which was funded in September 1997. The steering committee developed a community education package that uses</p>

audiovisual and printed materials to accurately and clearly present basic information about West Virginia Works. The committee presented the community education package at a train-the-trainer session held at the January 1998 meeting of the West Virginia Head Start Association. Each West Virginia Head Start program was invited to send a representative to the training session for instruction on how to use the community education materials.

At the local level, staff from Head Start and DHHR offices jointly sponsored community information meetings and home visits to convey the information in the community education packages. Each Head Start program received \$200 mini-grants to offset the costs of the community information meeting.

The initiative is currently in the local implementation stage, but is an early success in the improved relationship between the four partner organizations. The partnership establishes a state-level model for local collaboration and a unified approach to assisting families in the transition from welfare to self-sufficiency. Another success is a memorandum of understanding between the West Virginia Head Start Association and DHHR that addresses areas of potential collaboration at state and local levels to assist families enrolled in West Virginia Works. Future benefits will accrue to the 7,000 families targeted as recipients of the education and support through local links created by this initiative.

Contact(s):

William Huebner, Head Start State Collaboration Coordinator, 304/558-4638 (phone), 304/558-0596 (fax), bhuebner@citynet.net (email).

WISCONSIN

Child Care Capacity Building for Welfare Reform (W-2 Wisconsin Works)

Goal(s):	<ul style="list-style-type: none">• To develop and sustain a child care supply that will meet the needs of low-income working families, especially those leaving welfare for work.• To increase and support local planning and development of needed child care services.
Target Population:	Wisconsin families leaving welfare for work and their children age six and younger.
Funding:	\$2.1 million from the Temporary Assistance for Needy Families block grant.
Description:	<p>Governor Tommy G. Thompson's Child Care Working Group convened in late fall 1996 to address child care capacity and copayment problems with the implementation of Wisconsin's welfare program, Wisconsin Works (W-2). The working group determined the key elements of success in building capacity for child care are local planning, public- and private-sector involvement, collaboration among child care resource and referral agencies and local welfare reform administrative agencies, and technical assistance for child care providers.</p> <p>Wisconsin's seventeen local child care resource and referral agencies received \$1.9 million to convene broad-based planning committees in each of the state's seventy-two counties. Each committee identified priority child care supply needs in their county and devised ways to develop needed services. Every local committee had a representative from the local welfare reform agency.</p> <p>Most of the \$1.9 million was awarded to help communities implement the strategies identified by the committees. More than \$600,000 in local matching funds has been raised, primarily in Milwaukee. An additional \$280,000 was awarded to a statewide child care technical assistance group for onsite consultation and support in developing infant care, second- and third-shift care, and other types of care that may be difficult for a particular area to develop.</p> <p>As of December 1997, 6,134 new child care slots have been created, including 1,374 for infants, 931 during second and third shifts, and 146 for special needs children.</p>
Contact(s):	David Edie, director, Office of Child Care, Wisconsin Department of Workforce Development, 608/266-6946 (phone), 608/261-6968 (fax), edieda@mail.state.wi.us (email).

Child Care Quality Initiative

Goal(s):	<ul style="list-style-type: none">• To improve and sustain quality child care, including provider training and compensation, in licensed child care centers and family child care homes, through grants and technical assistance.• To support use of quality (i.e., accredited) facilities by low-income families who receive a child care subsidy.
Target Population:	Licensed child care facilities, especially those that are accredited or seeking accreditation, and the children and families they serve.

Funding:	\$8 million from the Child Care and Development Fund from 1992 through 1997 (\$7.5 million for quality improvement and staff retention grants, and \$500,000 for technical assistance). The cost of higher rates for accredited facilities has not been calculated.
Description:	<p>Programs that have been licensed for three years with no serious enforcement actions receive annual quality improvement and staff retention grants. Grants must be used to achieve Wisconsin's high-quality standards, which include achieving and maintaining accreditation, supporting teachers working toward their child development associate credential or higher education degree, and limiting staff turnover to 20 percent or less. Programs may receive grants for multiple years. A statewide nonprofit group provides technical assistance to grantees, including on-site visits, director retreats, and cluster training on specific topics. Quality improvement and staff retention grants have been awarded to more than 500 child care facilities during the past six years.</p> <p>Wisconsin's child care subsidy program for working families allows a 10 percent higher reimbursement rate for accredited facilities. There are currently more than 200 accredited facilities in Wisconsin.</p>
Contact(s):	David Edie, director, Wisconsin Office of Child Care, 608/266-6946 (phone), 608/261-6968 (fax), edieda@mail.state.wi.us (email).

Children's Services Network

Goal(s):	<ul style="list-style-type: none"> To have a network structure in operation in every Wisconsin community that provides children and families with a link to a comprehensive array of services.
Target Population:	Low-income families seeking assistance from Wisconsin's welfare program, Wisconsin Works (W-2).
Funding:	Funding to operate Wisconsin's Children's Services Network (CSN) was included in each W-2 agency's Temporary Assistance for Needy Families (TANF) allocation.
Description:	<p>The legislation authorizing the W-2 program required W-2 agencies, as part of their contract with the Wisconsin Department of Workforce Development, to develop a CSN to provide a link to community services for children and families.</p> <p>At a minimum, CSNs must have information available about the following services:</p> <ul style="list-style-type: none"> charitable food centers; charitable clothing centers; subsidized and low-income housing; transportation subsidies; special services for children with disabilities; the Special Supplemental Food Program for Women, Infants, and Children (WIC); child care programs; homeless shelters; domestic abuse services; workplace protections; child welfare services; public health and other health services;

- other additions based on collaboration with child protective services; and
- any additional services and programs that make sense in each community.

To provide an effective link to services, each W-2 agency's network structure includes the following.

- An identified group of community organizations, agencies, and other providers of support or services that have an ongoing relationship and communicate on a regular basis.
- An identified contact point (agency, person, phone number) to provide a single access point for participants and an information repository for service providers.
- A means of identifying community needs. This may be as simple as logging requests for types of services and comparing demands to known service suppliers. This may also be accomplished by using periodic community assessments conducted by other entities.

W-2 agencies had the flexibility to structure the CSN in a variety of ways and were encouraged to build on existing resource programs when available. Some of the options W-2 agencies were given in developing their CSNs included:

- using an existing resource and referral network or agency;
- utilizing an existing child and family services coalition or committee;
- creating a new committee or group specifically for W-2;
- designating a subcommittee of the W-2 community steering committee; or
- adopting other configurations that make sense in a given service area.

CSNs were originally piloted in two counties under the welfare waiver demonstration project, Work Not Welfare. Because of its success under that project, CSNs have become a required component of the W-2 program. In Pierce and Fond du Lac counties, the pilot counties where CSNs were first implemented in 1995, CSNs have proven effective as both a safety net for families and as a means of identifying community needs. One joint effort between the CSN and the W-2 community steering committee in Pierce County was a loan access program for participants to purchase vehicles. Many Work Not Welfare participants did not have reliable transportation to travel to work and could not get a loan approved through a bank to purchase a vehicle. A local bank reserved funding for loans for Work Not Welfare participants. The bank set the interest rate at 9 percent and relaxed the normal credit history requirements to allow individuals with poor credit histories to get a loan.

Assistance from a CSN may have the effect of diverting some families from W-2. The number of families requesting assistance from the CSNs is not known at this time.

Contact(s):

Donna Cochems, Wisconsin Department of Workforce Development, Division of Economic Support, 608/266-7889 (phone), 608/261-6968 (fax), cochedo@mail.state.wi.us (email).

WYOMING

Early Childhood Development

Goal(s):

- To create a strong partnership with Head Start programs.
- To coordinate all early childhood programs and efforts with a focus on partnerships and pooling resources.
- To improve the day care licensing program to emphasize quality and safety.

Target Population:

Young children and their families.

Funding:

- \$ 100,000 from a federal Head Start grant and \$33,333 in state matching funds for a three-year collaboration project.
- \$156,673 from the Child Care and Development Fund for the Early Childhood Development Council.
- \$37,955 from the Child Care and Development Fund for infant care training.

Description:

Wyoming has approximately sixty-one state children's programs, each with different target populations and specialized missions. Governor Jim Geringer is working to develop a more coordinated system of government programs and services for children and families to promote collaboration, reduce duplication of efforts, and improve dissemination of information. To accomplish this task, Wyoming has created three advisory bodies to oversee collaboration efforts in Head Start programs, early childhood development, and child care licensing.

Head Start Collaboration Board. In an effort to build partnerships between Head Start agencies, child care providers, and state government, Wyoming created a Head Start Collaboration Board powered by a strategic plan to oversee coordination and consistency of services in the Head Start program. The Head Start Collaboration Board includes representatives from the Wyoming Departments of Health, Education, and Family Services; Head Start; and a University of Wyoming affiliate. The University of Wyoming affiliate, known as WIND (Wyoming Institute for Disabilities), will sponsor and coordinate the activities of the board.

The Head Start Collaboration Board has already made some progress. For example, the Child Support Division of the Wyoming Department of Family Services developed a packet of information on the child support referral process and application procedures to be distributed at child care and Head Start facilities. By sharing information on child support programs, Wyoming hopes to improve the financial well-being of families with children in child care and Head Start facilities. One thousand packets were initially distributed to Head Start facilities and child care providers. Another 200 packets have been distributed based on additional requests for material from providers.

Early Childhood Development Council. In October 1997, Governor Geringer announced the formation of the Early Childhood Development Council. Solicitation of members and a program manager began immediately. Efforts culminated in the February announcement of the membership of the council. Members include Wyoming's First Lady, legislators, educators, agency representatives, child care providers, and parents. The council first convened in April and is developing a mission statement and a strategic plan. The council will provide a forum to discuss further collaboration efforts.

Child Care Licensing Task Force. In February 1998 the Wyoming legislature created a Child Care Licensing Task Force. The task force will study the child care licensing system and make recommendations for improvement. Funding of the task force began on July 1, 1998. Recommendations from the task force will be implemented in 1999.

In addition to the task force, the Department of Family Services will author new licensing certification standards that emphasize quality. It is anticipated these standards will be disseminated by January 1999 and accepted as final rules by June 1, 1999.

An extensive training initiative will focus on provider training for infant care. Three individuals were trained at Wheelock College in Boston on infant care. These trainers will now develop and offer training on infant care to all providers in the state. Providers specializing in infant care will be mandated to attend the training for licensing purposes. The training at Wheelock College was held in July 1998 and the statewide training will be completed by June 30, 1999.

Contact(s):

Marianne Lee, Wyoming Department of Family Services, Programs and Policy Division, 307/777-3693 (phone), 307/777-3693 (fax), mlee@missc.state.wy.us (e-mail).